

34-2

WATER WELL RECORD

REFERENCE

ACT 294

PA 1965

SITE NAME

MICHIGAN DEPARTMENT

PUBLIC HEALTH

1 LOCATION OF WELL

County Calhoun Albion City Fraction 1/4 NW 1/4 Section No. 34 Town 2 S. Range 4 E. W.

Distance And Direction from Road Intersections SHEIDAN Twp. OWNER No. _____

Street address & City of Well Location 1115 Pleasant St., Albion

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
clay sand	26	26
clay	62	88
gravel	21	90
clay	15	105
gravel	9	114

US EPA RECORDS CENTER REGION 5



469864

3 OWNER OF WELL:

Address LE Roy C. LUCAS
1115 PLEASANT ST (PO Box 41)
ALBION, MICH.

4 WELL DEPTH: (completed) Date of Completion

115 ft. May 1969

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: ☒ Threaded ☐ Welded ☐ Height: Above/Below
 Diam. 4 in. to 108 ft. Depth surface 11 lbs./ft.
4 in. to 108 ft. Depth Drive Shoe Yes ☒ No ☐

8 SCREEN: Type: STAINLESS Dia.: 4" od

Slot/Gauze 35 Length 4

Set between 109 ft. and 113 ft.

Fittings: 3" Pipe 3" Plug 3 Coupling

9 STATIC WATER LEVEL 35 ft. below land surface

10 PUMPING LEVEL below land surface
Rate 60 ft. after 2 hrs. pumping 30 g.p.m.
 ft. after hrs. pumping g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) Chlorides (Cl)

Hardness

12 WELL HEAD COMPLETION: ☐ In Approved Pit
☒ Pinless Adapter ☐ 12" Above Grade

13 GROUTING:
 Well Grouted? ☐ Yes ☒ No
 Material: ☐ Neat Cement ☐
 Depth: From ft. to ft.

14 SANITARY:
 Nearest Source of possible contamination 80 feet S Direction out Type HOUSE
 Well disinfected upon completion ☒ Yes ☐ No

15 PUMP:
 Manufacturer's Name Johnson
 Model Number HP
 Length of Drop Pipe ft. capacity G.P.M.
 Type: ☐ Submersible ☐
☐ Jet ☐ Reciprocating

16 Remarks, elevation, source of data, etc.

DATE OF SURVEY WELLER, ITEM NO.

*CORRECTED BY:

*ADDITION BY:

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Leonard Well Drilling 0404
 REGISTERED BUSINESS NAME REGISTRATION NO.

Address 1115 Pleasant St.

Signed Leonard Date 3-27-69

AUTHORIZED REPRESENTATIVE

MICHIGAN DEPARTMENT OF CONSERVATION

GEOLOGICAL SURVEY DIVISION

Albion's Municipal Wells

WATER WELL RECORD

Page _____ of _____		Permit No. <u>2</u>	
Sample No. <u>W-1953</u>		Owner No. <u>2</u>	
County <u>Calhoun</u>	Twp. <u>Sheridan</u>	Sec. <u>34</u>	Range <u>4</u> W. S. <u>2</u>
Distance from Roads, Section Lines, etc. <u>3299' W of East line and 815' North of South line of Sec 34. (see below)</u>			
FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Owner: <u>City of Albion</u>
Drillers Log:			Address:
<u>fill; Sand & Gravel</u>	<u>10</u>	<u>10</u>	Driller and Address: <u>R. M. Brewer & Sons</u>
<u>Gravel</u>	<u>2</u>	<u>12</u>	Well Depth: <u>256</u> ft. Date of Completion: <u>3-14-60</u>
<u>Sandstone, brown, soft</u>	<u>22</u>	<u>34</u>	<input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> R.C.
<u>Sandstone, brown hard</u>	<u>22</u>	<u>56</u>	<input type="checkbox"/> Driven <input type="checkbox"/> Jetted <input type="checkbox"/> Bored
<u>Sandstone gray</u>	<u>59</u>	<u>115</u>	Use: <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Industry
<u>Sandstone, gray, med hard</u>			<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Dewatering
<u>Sandstone gray, med hard</u>			<input type="checkbox"/> Test Well <input type="checkbox"/> _____
<u>muddy</u>	<u>14</u>	<u>129</u>	Casing: Diam. <u>12</u> in. to <u>62</u> ft. Depth <u>10</u> ft. Cemented with <u>10 sacks</u> of <u>Lumnite Cement</u> . Type-Weight <u>Black</u>
<u>Sandstone, gray, Very Muddy</u>	<u>6</u>	<u>135</u>	Screen: Type: _____ Dia: _____
<u>Sandstone, gray, muddy</u>	<u>10</u>	<u>145</u>	Slot/Gauze _____ Length _____
<u>Sandstone, gray, med hard</u>	<u>15</u>	<u>160</u>	Set between _____ ft. and _____ ft.
<u>Sandstone, gray, med hard,</u>			Accessories:
<u>some mud</u>	<u>22</u>	<u>182</u>	Water level: <u>1</u> ft. above/below <u>Surface</u>
<u>Shale blue</u>	<u>2</u>	<u>184</u>	_____ ft. above/below _____
<u>Sandstone, blue-gray, hard</u>	<u>24</u>	<u>208</u>	Meas. by _____ Date <u>3-14-60</u>
<u>Sandstone, gray, hard, fine</u>	<u>48</u>	<u>256</u>	Drawdown: <u>3</u> ft. after _____ hrs. pumping <u>1500</u> g.p.m.
			_____ ft. after _____ hrs. pumping _____ g.p.m.
			Meas. by _____ Date _____
			Flow: _____ g.p.m./g.p.h. Temp: _____ °F
			Water Quality in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____
			Hardness _____
			Elevation: _____ ft. above _____
			Source of data: <u>Samples and data from G.E. Snyder Assoc. I</u>
			Record by: _____ Date: _____
Remarks: <u>520' N. of & Kalamazoo River and 1669' West of & Albion St.</u>			
<u>Location map in W.S. files</u>			

MICHIGAN DEPARTMENT OF CONSERVATION
GEOLOGICAL SURVEY DIVISION

Permit No.

3

Page

1 of 1

Sample No.

Owner No.

WATER WELL RECORD

County

Calhoun

Twp.

Sheridan

Sec. 35

Town

2 N/5.

Range

4 E/W.

Distance from Roads, Section Lines, etc.

Clark St. 200' west of well #2, north of North St.

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Owner: City of Albion
Yellow sand and clay	10	10	Address: Albion
Brown sand and clay	31	41	Driller and Address: R. M. Brewer & Son, Parma, Mich.
Soft blue shale	8	49	Well Depth: 260 ft. Date of Completion: 9-30-65
Med. soft shale	14	63	<input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> R.C. <input type="checkbox"/> Driven <input type="checkbox"/> Jetted <input type="checkbox"/> Bored
Med. hard sandy shale	11	74	Use: <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Dewatering <input type="checkbox"/> Test Well <input type="checkbox"/> _____
Med. hard sandrock	16	90	Casing: Diam. 16 in. to 54 ft. Depth 12 in. to 76 ft. Depth
Hard sandrock - muddy	26	116	Height: Above/Below surface _____ ft. Type-Weight _____
Med. hard sandrock - clean	9	125	Screen: Type: None Dia: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Accessories: _____
Muddy sandrock	27	152	Water level: 44' 10" ft. XXXX below _____ _____ ft. above/below _____
Clean sandrock	18	170	Meas. by _____ Date _____
Lime rock - hard	3	173	Drawdown: 3 ft. after 7 hrs. pumping 1250 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.
Muddy sandrock	8	181	Meas. by _____ Date _____ T. R. Brewer
Clean sandrock	29	210	Flow: g.p.m./g.p.h. Temp: _____ °F
Med. clean sandrock	20	230	Water Quality in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____
Muddy fine sandrock	30	260	Elevation: _____ ft. above
			Source of data: Driller
			Record by: _____ Date: _____

Remarks:

Grout to 78', 41' to rock.

AUG 01 1975

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

4

1 LOCATION OF WELL

County Calhoun Township Name Shapigan Fraction NW 1/4 NE 1/4 Section Number 35 Town Number 2 Range Number 4

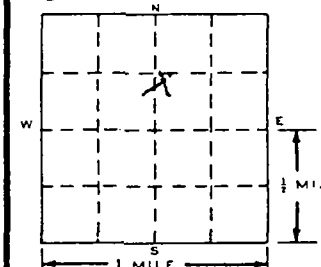
Distance and Direction from Road Intersections

3 miles south of Rte 9
on North side of Rte 9
Albion

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



3 OWNER OF WELL:

Benneth Loun
Address 2701 Calhoun Road
Albion

4 WELL DEPTH: (completed) Date of Completion

134 ft. 7-9-75

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐ Height: Above/Below
Diam. _____ Surface 3 ft.

4 in. to 42 ft. Depth Weight 11 lbs./ft.
_____ in. to _____ ft. Depth Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: _____ Dia.: _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings: _____

9 STATIC WATER LEVEL

54 ft. below land surface

10 PUMPING LEVEL below land surface

47 ft. after 2 hrs. pumping 30 g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____
Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit
☒ Pitless Adapter ☐ 12" Above Grade

13 Well Grouted? ☐ Yes ☒ No
☐ Neat Cement ☐ Bentonite ☐
Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination
40 feet N Direction Septic Type
Well disinfected upon completion ☒ Yes ☐ No

15 PUMP: ☒ Not installed
Manufacturer's Name _____
Model Number _____ HP _____ Volts _____
Length of Drop Pipe _____ ft. capacity _____ G.P.M.
Type: ☐ Submersible ☐ Jet ☐ Reciprocating

2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

<u>Sand</u>	<u>35</u>	<u>85</u>
<u>Lime rock</u>	<u>40</u>	<u>95</u>
<u>Sand rock</u>	<u>39</u>	<u>134</u>

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM NO.

*CORRECTED BY g

**ADDITION BY

ELEVATION

DEPTH TO ROCK

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true
to the best of my knowledge and belief.
Leonard Well Drilling 0404
REGISTERED BUSINESS NAME REGISTRATION NO.

Address SpringportSigned M. Leonard

AUTHORIZED REPRESENTATIVE

Date 8-12-75

MAR 14 1975

WATER WELL RECORD
ACT 294 PA 1965MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

5

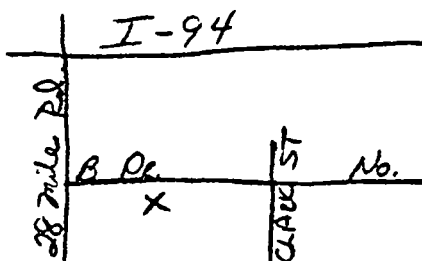
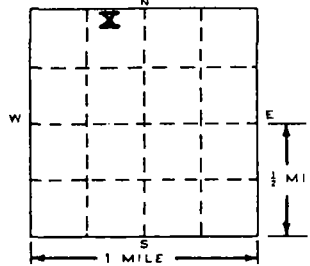
1 LOCATION OF WELL

County Calhoun	Township Name Sheridan	Fraction NW 1/4 NE 1/4 NW 1/4	Section Number 35	Town Number 2 N.S.	Range Number 4 E.W.
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Distance And Direction from Road Intersections
Between 28 Mile rd and Clark St.Street address & City of Well Location
Same

Locate with "X" in section below

Sketch Map:



3 OWNER OF WELL:

Address
Adams Arms Motel
28328 B. Dr. North
Albion, Michigan

4 WELL DEPTH: (completed) Date of Completion

150 ft. **8/9/74**

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored

6 USE: ☐ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☒ **Sprinkler Pump Well**

7 CASING: Threaded ☒ Welded ☐ Height: Above/Below
Diam. Surface **1** ft.

4 in. to **73** ft. Depth Weight **11** lbs./ft.
in. to ft. Depth Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: Dia.:
Slot/Gauze Length
Set between ft. and ft.
Fittings:

9 STATIC WATER LEVEL

61 ft. below land surface

10 PUMPING LEVEL below land surface

62 ft. after **1** hrs. pumping **30** g.p.m.
ft. after hrs. pumping g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) Chlorides (Cl)
Hardness Other

12 WELL HEAD COMPLETION:

☐ In Approved Pit
☒ Pitless Adapter ☐ 12" Above Grade

13 Well Grouted? ☐ Yes ☒ No

☐ Neat Cement ☐ Bentonite
Depth: From ft. to ft.

14 Nearest Source of possible contamination

feet Direction Type
Well disinfected upon completion ☒ Yes ☐ No

15 PUMP:

☐ Not installed

Manufacturer's Name **Roda**
Model Number **8D35P201** HP **2** Volts **230**
Length of Drop Pipe **84** ft. capacity **25** G.P.M.
Type: ☒ Submersible
☐ Jet ☐ Reciprocating

2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

Gravelly clay and stone

63

63

Soft gray shale

7

70

Gray sandy shale

20

90

Gray sandrock muddy

40

130

Gray sandrock clear

20

150

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

ADDED BY DRILLER ITEM NO.
*CORRECTED BY
*ADDITION BY
ELEVATION
DEPTH OF ROCK

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

R.M. Brewer & Son Inc. **106**
REGISTERED BUSINESS NAME REGISTRATION NO.

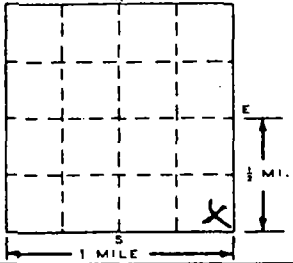
Address **Parma, Michigan** **49269**

Signed **William Steber** Date **8-30-74**
AUTHORIZED REPRESENTATIVE

WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER 6

1 LOCATION OF WELL			3 OWNER OF WELL		
County <u>Calhoun</u>	Township Name <u>Sheridan</u>	Fraction <u>SE 1/4</u>	Section Number <u>36</u>	Town Number <u>2</u> MS	Range Number <u>4</u> NW
Distance And Direction From Road Intersection <u>1/2 mile east of Finley Road on north side of Eps Road</u>			Address <u>11 Crystal Lake</u> <u>Clément City</u>		
Street Address & City of Well Location			Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Locate with "X" in Section Below			4 WELL DEPTH (completed) <u>80</u> ft. Date of Completion <u>10-22-82</u>		
Sketch Map: 			5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>		
2 FORMATION DESCRIPTION			6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type II Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>		
			7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded Height: Above/Below <input type="checkbox"/> Plastic <input type="checkbox"/> Welded Surface <u>1</u> ft <u>4</u> in. to <u>54</u> ft depth Weight <u>11</u> lbs/ft Grouted Drill Hole Diameter <u>4</u> in. to <u>54</u> ft depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
THICKNESS OF STRATUM			8 SCREEN <input type="checkbox"/> Not Installed		
DEPTH TO BOTTOM OF STRATUM			Type _____ Diameter _____		
<u>Sand & Gravel</u>			Slot/Gauze _____ Length _____		
<u>Sandrock</u>			Set between _____ ft and _____ ft		
<u>42</u>			FITTINGS <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check		
<u>38</u>			<input type="checkbox"/> Blank above screen _____ ft. Other _____		
<u>?</u>			9 STATIC WATER LEVEL <u>13</u> ft below land surface <input type="checkbox"/> Flow		
<u>80</u>			10 PUMPING LEVEL below land surface		
			<u>23</u> ft. after <u>1</u> hrs. pumping at <u>30</u> G.P.M.		
			<u> </u> ft. after <u> </u> hrs. pumping at <u> </u> G.P.M.		
			11 WELL HEAD COMPLETION <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade		
			<input type="checkbox"/> Basement offset <input type="checkbox"/> Approved c...		
ADDED INFO BY DRILLER, ITEM NO.			12 WELL GROUTED? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From _____ to _____ ft		
CORRECTED BY			<input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____		
ADDITION BY			No. of bags of cement _____ Additives _____		
ELEVATION			13 Nearest source of possible contamination		
DEPTH TO ROCK			Type <u>Septic</u> Distance <u>40</u> ft. Direction <u>N</u>		
			Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
RECEIVED			14 PUMP <input type="checkbox"/> Not Installed <input checked="" type="checkbox"/> Pump Installation Only		
Mich. Dept. of Public Health			Manufacturer's name <u>Tait</u>		
JUN 21 1983			Model number <u>5DL310</u> HP <u>1/2</u> Volts <u>110V</u>		
Environmental and Occupational Health			Length of Drop Pipe <u>30</u> ft. capacity _____ G.P.M.		
Services Administration			TYPE <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet		
USE A 2ND SHEET IF NEEDED			PRESSURE TANK: Manufacturer's name <u>Tait</u>		
			Model number <u>202</u> Capacity <u>21</u> Gallons		
15. Remarks. elevation. source of data. etc.			16 WATER WELL CONTRACTOR'S CERTIFICATION:		
			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
			<u>Leonard Well Drilling</u> 6404		
			REGISTERED BUSINESS NAME <u>Springport</u> REGISTRATION NO. _____		
			Address <u>M. Leonard</u>		
			Signed <u>M. Leonard</u> Date <u>11/6/82</u>		
			AUTHORIZED REPRESENTATIVE		

APR 23 1980

GEOLOGICAL SURVEY SAMPLE NO.

ON SITE MWells

WATER WELL RECORD
ACT 294 PA 1965MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

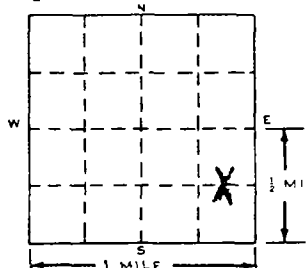
County Calhoun	Township Name Sheridan	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number 36	Town Number T2S	Range Number R4W
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Distance And Direction from Road Intersections

2 1/2 Tenths mile South of Michigan Avenue
5 1/2 Tenths mile West of Finaly Rd.

Street address & City of Well Location

Locate with "X" in section below



Sketch Map:

3 OWNER OF WELL:

Gordon Stevick

Address **Lot #1, Crystal Lake**
Cement City, Michigan 49233

4 WELL DEPTH: (completed) Date of Completion
50 ft. **3-27-80**

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☐ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☒ Test Well ☐

7 CASING: Threaded ☒ Welded ☐ Height: Above ~~28"~~ Surface **28"** x.
Galv.

2 in. to **39** ft. Depth Weight **3.75** lbs./ft.
 in. to ft. Depth Drive Shoe? Yes ☐ No ☒

8 SCREEN:

Type: **Stainless steel** Dia.: **2"**
 Slot/Screen **xxx #7** Length **3' 6"**
 Set between **37** ft. and **40** ft.
 Fittings: **2" coupling & 2" cap.**

9 STATIC WATER LEVEL

26 ft. below land surface

10 PUMPING LEVEL below land surface

ft. after hrs. pumping g.p.m.

ft. after hrs. pumping g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) Chlorides (Cl)

Hardness Other

12 WELL HEAD COMPLETION:

☐ In Approved Pit
☐ Pitless Adapter ☒ 12" Above Grade

13 Well Grouted? ☒ Yes ☐ No☐ Neat Cement ☒ Bentonite ☐

Depth: From ft. to ft.

14 Nearest Source of possible contamination

feet Direction Type

Well disinfected upon completion ☐ Yes ☐ No

15 PUMP:

☒ Not installed

Manufacturer's Name

Model Number HP Volts

Length of Drop Pipe ft. capacity G.P.M.

Type: ☐ Submersible☐ Jet☐ Reciprocating

2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM**Sand and gravel with coal strips****36****36****Brown, white and green sandstone****14****50**

ADDITIONAL DRILLER, ITEM NO.

ELEVATION BY

ELEVATION

DEPTH TO ROCK

USE A 2ND. SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

Development time 2 hours
Sheridan-Albion Landfill monitoring wells

DEVELOPED
DI

APR 17 1980

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true
 to the best of my knowledge and belief.

Hart Well Drilling Company**522**

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address **1154 S. Jefferson, Mason, Michigan 48854**

Signed

S. W. Hart
 AUTHORIZED REPRESENTATIVE

Date **4-9-80**

D67d

100M (Rev. 12-68)

Calhoun County Health Department
 Health Officer

GEOLOGICAL SURVEY COPY

Call for County, Health Dept. **GEOLOGICAL SURVEY COPY**

APR 23 1980

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

9

1 LOCATION OF WELL

County **Calhoun** Township Name **Sheridan** Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Section Number **36** Town Number **T2S** Range Number **R4W** N/S. E/W.

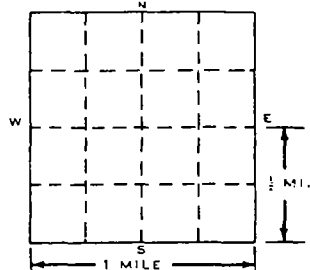
Distance And Direction from Road Intersections

90' North of Erie
5 1/2 Tenths West of Finaly Rd.

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



Michigan Avenue
Finaly Rd.
X ← 5 1/2 tenths mile
90'
Erie

2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

Sand and gravel

22

22

Gray clay

4

26

Sandstone

1

27

3 OWNER OF WELL:

Gordon Stevick

Address **Lot #1, Crystal Lake**
Cement City, Michigan 49233

4 WELL DEPTH: (completed) Date of Completion

27 ft. **3-28-80**

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☐ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☒ Test Well ☐

7 CASING: Threaded ☒ Welded ☐ Height: Above ~~xxx~~ Below
Diam. **Galv.** Surface **17"** x.

2 in. to **21** ft. Depth Weight **3.75** lbs./ft.

in. to ft. Depth Drive Shoe? Yes ☐ No ☒

8 SCREEN:

Type: **stainless steel** Dia.: **2"**

Slot/Screen ~~xxx~~ **#10** Length **4' 8"**

Set between **19** ft. and **23** ft.

Fittings: **2" coupling and 2" cap**

9 STATIC WATER LEVEL

12 ft. below land surface

10 PUMPING LEVEL below land surface

ft. after hrs. pumping g.d.m.

ft. after hrs. pumping g.d.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) Chlorides (Cl)

Hardness Other

12 WELL HEAD COMPLETION:

☐ In Approved Pit

☐ Pitless Adapter ☒ 12" Above Grade

13 Well Grouted? ☒ Yes ☐ No

☐ Neat Cement ☒ Bentonite ☐

Depth: From ft. to ft.

14 Nearest Source of possible contamination

feet Direction Type

Well disinfected upon completion ☐ Yes ☐ No

15 PUMP:

☒ Not installed

Manufacturer's Name

Model Number HP Volts

Length of Drop Pipe ft. capacity G.P.M.

Type: ☐ Submersible

☐ Jet

☐ Reciprocating

ADDED INFO BY DRILLER, ITEM #11

CORRECTED BY

**ADDITION BY

ELEVATION

DEPTH TO ROOM A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

Development time 1 1/2 hours
Sheridon-Albion Landfill monitoring wells

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Hart Well Drilling Company

522

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address **1154 S. Jefferson, Mason, Michigan 48854**

Signed

S.W. Hart

Date

4-11-80

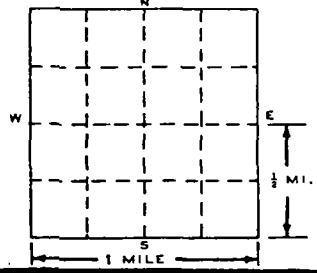
AUTHORIZED REPRESENTATIVE

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

10

1 LOCATION OF WELL			3 OWNER OF WELL:		
County Calhoun	Township Name Shardin	Fraction $\frac{1}{4}$ $\frac{1}{4}$ SE $\frac{1}{4}$	Section Number 36	Town Number 2 S.	Range Number 4 W.
Distance And Direction from Road Intersections $\frac{1}{2}$ Mi. E. of 29$\frac{1}{2}$ Mi. Rd. on Mich. Ave. E. S. Side			Address Gerald Munier 2004 E. Michigan Albion, Mi. 49224		
Street address & City of Well Location Locate with "X" in section below			4 WELL DEPTH: (completed) Date of Completion 100 ft. 1/70		
Sketch Map: 			5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>		
			6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>		
			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/ Surface Diam. 4 in. to 72 ft. Depth 11 lbs./ft. in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
2 FORMATION			8 SCREEN:		
	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Type: NONE Dia.: _____		
Clay	30	30	Slot/Gauze _____ Length _____		
Sand & Clay	30	60	Set between _____ ft. and _____ ft.		
Sand Rock	40	100	Fittings: _____		
			9 STATIC WATER LEVEL 35 ft. below land surface		
			10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping _____ g.p.m. AIR TEST _____ ft. after _____ hrs. pumping _____ g.p.m.		
			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____		
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		
			13 Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Drill Mud to Depth: From _____ ft. to _____ ft. G.L.		
			14 Nearest Source of possible contamination 50 feet NW Direction S.T. Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name Rapideyton Model Number _____ HP 3/4 Volts 220 Length of Drop Pipe 42 ft. capacity 15 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER, ITEM NO. *CORRECTED BY: **ADDITION BY:			17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Chas. Kleinfelt & Son 0107 REGISTERED BUSINESS NAME REGISTRATION NO. Address R#2 Charlotte, Mich. 48813 Signed Chas. Kleinfelt Date 11/19/70 AUTHORIZED REPRESENTATIVE		

MAR 17 1970

GEOLOGICAL SURVEY COPY

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

11 M

1 LOCATION OF WELL			County <u>Calhoun</u> Twp. <u>Sheldon</u> Fraction <u>1/4 NW 1/4</u> Section No. <u>36</u> Town <u>2 N</u> Range <u>4 SW</u>	
Distance And Direction from Road Intersections <u>1 block east of 29th St. at 137th Ave. Albion</u>			3 OWNER OF WELL: <u>Robert M. Bell</u> Address <u>187 Pinewood St. Albion</u>	
2 FORMATION			4 WELL DEPTH: (completed) <u>85</u> ft. Date of Completion <u>4-23-69</u>	
THICKNESS OF STRATUM			5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>	
DEPTH TO BOTTOM OF STRATUM			6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>	
<u>Sand</u>			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below surface <u>2</u> ft.	
<u>Clay</u>			Diam. <u>4</u> in. to <u>42</u> ft. Depth <u>11</u> lbs./ft.	
<u>Gravelly sand</u>			<u>30</u> in. to <u>85</u> ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<u>Sand rock</u>			8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____	
			9 STATIC WATER LEVEL <u>34</u> ft. below land surface	
			10 PUMPING LEVEL below land surface <u>44</u> ft. after <u>3</u> hrs. pumping <u>30</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.	
			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____	
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> At least 12" Above Grade	
			13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.	
			14 SANITARY: Nearest Source of possible contamination <u>50 feet SW</u> Direction <u>SE</u> Type _____ Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No	
			15 PUMP: Manufacturer's Name <u>Other</u> Model Number _____ HP _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	
16 Remarks, elevation, source of data, etc.			17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Leonard M. Bell</u> 0404 REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>14 Springport</u> Signed <u>11 Leonard</u> Date <u>4-24-69</u> AUTHORIZED REPRESENTATIVE	

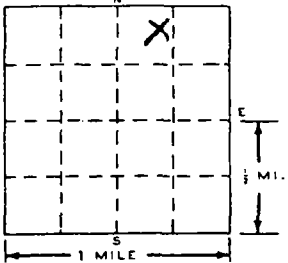
SEP 07 1972

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

12

1 LOCATION OF WELL		County: <u>Calhoun</u>		Township Name: <u>Sheldon</u>		Fraction: <u>NE 1/4</u>		Section Number: <u>36</u>		Town Number: <u>2</u>		Range Number: <u>4</u>	
Distance And Direction from Road Intersections: <u>8 miles west of M 99 on south of Mich Ave</u>						3 OWNER OF WELL: Address: <u>Albion Building Center</u> <u>Albion</u>							
Street address & City of Well Location: Locate with "X" in section below						4 WELL DEPTH: (completed) Date of Completion: <u>100</u> ft. <u>July 12 1972</u>							
Sketch Map: 						5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>							
						6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>							
						7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface <u>2</u> ft. Weight <u>11</u> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
2 FORMATION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		8 SCREEN:							
<u>brown sand and gravel</u>		<u>65</u>		<u>65</u>		Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: <u>NONE</u>							
<u>gray sandy clay</u>		<u>4</u>		<u>69</u>		9 STATIC WATER LEVEL <u>40</u> ft. below land surface							
<u>soft gray sandstone</u>		<u>10</u>		<u>79</u>		10 PUMPING LEVEL below land surface <u>50</u> ft. after <u>1</u> hrs. pumping <u>30</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.							
<u>medium dark gray sandstone</u>		<u>21</u>		<u>100</u>		11 WATER QUALITY in Parts Per Million: <u>Unknown</u> Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____							
						12 WELL HEAD COMPLETION: <input type="checkbox"/> In-Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade							
						13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From _____ ft. to _____ ft.							
						14 Nearest Source of possible contamination _____ feet _____ Direction <u>SEPTIC TANK FIELD</u> Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
						15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name <u>Shelby</u> Model Number <u>5365P</u> HP <u>1</u> Volts <u>230</u> Length of Drop Pipe <u>45</u> ft. capacity <u>12</u> G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating							
16 Remarks, elevation, source of data, etc. <u>See item 8</u>						17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>LEONARD WELL DRILLING CO.</u> <u>0464</u> REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>Springport</u> Signed <u>W. Leonard</u> Date <u>7-15-72</u> AUTHORIZED REPRESENTATIVE							

USE A 2ND SHEET IF NEEDED

• ADDITION 80

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT

OF
PUBLIC HEALTH

13

1 LOCATION OF WELL

County **Calhoun** Twp. **Sheridan** Section No. **36** Town **2** Range **4**

Distance And Direction from Road Intersections

450' E. of 29 Mile Rd & E. Michigan Ave. On N. Side of E. Michigan Ave.

Street address & City of Well Location **Albion, Mich**

OWNER No. _____

3 OWNER OF WELL:

Brooks Foundry, Inc
Address **1712 E. Michigan Ave.**
Albion, Mich

2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM**Brown Sand****42****42****Gravel & Clay****13****55****Clay-red****13****68****Brown-Sandrock-soft****18****86****" " -Med-soft****50****136****White Sandrock-hard****60****196**

4 WELL DEPTH: (completed) Date of Completion

196 ft. 9/19/69

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ _____

6 USE: ☐ Domestic ☐ Public Supply ☒ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐ _____

7 CASING: Threaded ☒ Welded ☐
Diam. **6** in. to **97** ft. Depth
_____ in. to _____ ft. Depth
Height: Above **1** ft. surface
Weight **19** lbs./ft.
Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: _____ Dia.: _____

Slot/Gauze _____ Length _____

Set between _____ ft. and _____ ft.

Fittings: _____

9 STATIC WATER LEVEL

43 ft. below land surface

10 PUMPING LEVEL below land surface

58 ft. after **3** hrs. pumping **400** g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit☒ Pitless Adapter ☐ 12" Above Grade

13 GROUTING:

Well Grouted? ☐ Yes ☒ NoMaterial: ☐ Neat Cement ☐ _____

Depth: From _____ ft. to _____ ft.

14 SANITARY:

Nearest Source of possible contamination

500 feet **E** Direction **Septic** TypeWell disinfected upon completion ☒ Yes ☐ No

15 PUMP:

Manufacturer's Name **Reda**Model Number **10D18P101** HP **1**Length of Drop Pipe **63** ft. capacity **20** G.P.M.Type: ☒ Submersible ☐ _____☐ Jet☐ Reciprocating

16 Remarks, elevation, source of data, etc.

APPROVED BY: _____

CORRECTED BY: **REH**

**ADDITION: _____

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

R M Brewer & Son Inc

REGISTERED BUSINESS NAME

106

REGISTRATION NO.

Address **215 Harrington Rd Parma, Mich**Signed **R M Brewer** Date **6-7-70**

AUTHORIZED REPRESENTATIVE

PRESS HARD

14

GEOLOGICAL SURVEY NO

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

1 LOCATION OF WELL		County Calhoun		Township Name Sheridan		Fraction SE 1/4 NW 1/4 SW 1/4		Section Number 36		Town Number T2		Range Number R4	
Distance And Direction From Road Intersection 150' North and 1150' East of the intersection of XXXXX Clark Street and Franklin Avenue						3 OWNER OF WELL Mc-Graw Edison Company Address 704 N. Clark Street Albion, MI 49224							
Street Address & City of Well Location Locate with "X" in Section Below						Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Sketch Map 						4 WELL DEPTH (completed) 50 ft. Date of Completion 10-17-84							
						5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>							
						6 USE <input type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input checked="" type="checkbox"/> Purge well							
						7 CASING: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Plastic <input type="checkbox"/> Diameter 4 in to 45 ft depth Grouted Drill Hole Diameter 10 in to 53 ft depth Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
2 No. 2 FORMATION DESCRIPTION				THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		8 SCREEN: <input type="checkbox"/> Not Installed Type Stainless Diameter 4" P.S. Slot/Gauze .025" Length 5' Set between 45 ft and 50 ft FITTINGS <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen <input type="checkbox"/> Other Welded					
Brown sand				9		9		9 STATIC WATER LEVEL: 38 ft below land surface <input type="checkbox"/> Flow					
Brown fine to med. sand				22.5		31.5		10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at _____ G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.					
Yellow silty clay				5.5		37		11 WELL HEAD COMPLETION <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input checked="" type="checkbox"/> Approved pit					
Brown fine sand				2.5		39.5		12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 40 to 42 ft <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____					
Yellow silt				2.5		42		13 Nearest source of possible contamination: Type None Distance 50 ft Direction Any					
Brown fine to med. sand				1		43		Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Yellow siltstone				2		45		14 PUMP <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name Grundfos Model number SP-27 HP 1/3 Volts 230 Length of Drop Pipe 43 ft capacity 10 G.P.M. TYPE <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK Manufacturer's name _____ Model number _____ Capacity _____ Gallons					
Brown fine to med. sand				5.5		50.5							
Pink granite boulder				1.5		52							
Grey siltstone (stopped)				1		53							
USE A 2ND SHEET IF NEEDED													

15. Remarks, elevation, source of data, etc.

10" x 4" gravel wall well

#1630 gravel 42' to 50'

50' to 53' backfilled with bentonite pellets for grout

16. WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief

Layne-Northern Company

REGISTERED BUSINESS NAME

REGISTRATION NO

Address P.O. Box 468, Mishawaka, IN 46544

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

15

1 LOCATION OF WELL

County

Calhoun

Twp.

~~Calhoun~~

Fraction

~~Calhoun~~

Section No.

1

Town

2

Range

4

Distance And Direction from Road Intersections

NW corner of Newburg
and Ewell Road

OWNER No.

212

3 OWNER OF WELL:

Address

Gordon Martin
9571, 91st

Street address & City of Well Location

2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUMSandy clay
Stones
Sand rock7
3
857
10
95'

4 WELL DEPTH: (completed)

95' ft.

Date of Completion

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐7 CASING: Threaded ☐ Welded ☐
Diam. 4 in. to 29 ft. Depth
_____ in. to _____ ft. Depth
Height: Above/Below surface 1 ft.
Weight 11 lbs/ft.
Drive Shoe? Yes ☒ No ☐8 SCREEN:
Type: none
Slot/Gouze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings: _____9 STATIC WATER LEVEL
6 ft. below land surface10 PUMPING LEVEL below land surface
20 ft. after 2 hrs. pumping 35 g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.11 WATER QUALITY in Parts Per Million: unknown
Iron (Fe) _____ Chlorides (Cl) _____
Hardness _____12 WELL HEAD COMPLETION: ☐ In Approved Pit
☒ Pitless Adapter ☐ 12" Above Grade13 GROUTING:
Well Grouted? ☐ Yes ☒ No
Material: ☐ Neat Cement ☐
Depth: From _____ ft. to _____ ft.14 SANITARY:
Nearest Source of possible contamination
80 feet SW Direction Septic Type
Well disinfected upon completion ☒ Yes ☐ No15 PUMP:
Manufacturer's Name Decatur pump
Model Number 105H10 HP
Length of Drop Pipe 20 ft. capacity 25 G.P.M.
Type: ☒ Submersible ☐
☐ Jet ☐ Reciprocating

16 Remarks, elevation, source of data, etc.

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true
to the best of my knowledge and belief.Leonard Well Drilling 0404
REGISTERED BUSINESS NAME REGISTRATION NO.

Address 111 Leonard

Signed 11/18/61 Date 11/18/61

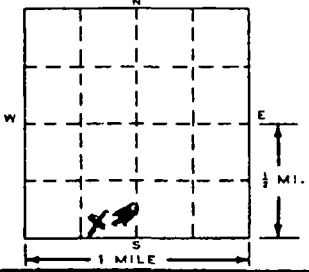
AUTHORIZED REPRESENTATIVE

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

16

1 LOCATION OF WELL		2 FORMATION		3 OWNER OF WELL:	
County <i>Calhoun</i>	Township Name <i>Sheridan</i>	Fraction <i>S10 SE 1/4 SW 1/4</i>	Section Number <i>36</i>	Town Number <i>203</i>	Range Number <i>4 R.W.</i>
Distance And Direction from Road Intersections <i>Mich Ave. about 0.2 mi west 2 1/2 mi rd</i>		Sketch Map: 		Address <i>Harden Martin RD #1 Albion</i>	
4 WELL DEPTH: (completed) <i>84</i> ft. Date of Completion <i>JAN 8 1971</i> 5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____ 6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input checked="" type="checkbox"/> _____ 7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Diam. <i>4</i> in. to <i>56</i> in. Depth <i>1 1/2</i> ft. Weight <i>11</i> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		8 SCREEN:		9 STATIC WATER LEVEL	
		Type: _____ Dia.: _____		_____ ft. below land surface	
		Slot/Gauze _____ Length _____		10 PUMPING LEVEL below land surface	
		Set between _____ ft. and _____ ft.		_____ ft. after _____ hrs. pumping _____ g.p.m.	
Fittings: <i>NONE</i>		11 WATER QUALITY in Parts Per Million: <i>UNKNOWN</i>		12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit	
13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14 Nearest Source of possible contamination		15 PUMP: <input checked="" type="checkbox"/> Not installed	
_____ Hardness _____ Other _____		_____ feet _____ Direction _____ Type _____		Manufacturer's Name _____	
_____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		_____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Model Number _____ HP _____ Volts _____	
16 Remarks, elevation, source of data, etc.		17 WATER WELL CONTRACTOR'S CERTIFICATION:		Length of Drop Pipe _____ ft. capacity _____ G.P.M.	
ADDITIONAL INFO. BY DRILLER, ITEM NO. _____ CORRECTED BY: _____ ADDITION BY: _____		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Reciprocating	
		LEONARD WELL DRILLING CO. <i>0404</i>		Type: <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	
		REGISTERED BUSINESS NAME		Address <i>Springport</i>	
		Address _____		Signed <i>M. Leonard</i> Date <i>Jan 8 1971</i>	
USE A 2ND SHEET IF NEEDED		AUTHORIZED REPRESENTATIVE		Date _____	

WATER WELL RECORD ACT 294 PA 1965

 MICHIGAN DEPARTMENT
 OF
 PUBLIC HEALTH

17

1 LOCATION OF WELL

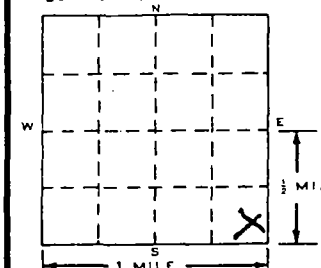
 County Calhoun Township Name Sherridan Fraction SESESE Section Number 23 Town Number 2 N/S. 4 Range Number 4 P.W.

 Distance And Direction from Road Intersections
1 mile north of D. St. N
on west side of 29 mile road

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



3 OWNER OF WELL

 Address Ruff & Greger Builders
11045 Maple
Calhoun

4 WELL DEPTH: (completed) Date of Completion

100 ft. 10-12-73

 5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

 6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

 7 CASING: Threaded ☒ Welded ☐ Height: Above/Below
 Diam. 4 in. to 74 ft. Depth Surface 3 ft.

4 in. to 74 ft. Depth Weight 37 lbs./ft.

 Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: _____ Dia.: _____

Slot/Gauze _____ Length _____

Set between _____ ft. and _____ ft.

Fittings: _____

9 STATIC WATER LEVEL

35 ft. below land surface

10 PUMPING LEVEL below land surface

45 ft. after 4 hrs. pumping 30 g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____ Other _____

12 WELL HEAD COMPLETION:

☐ In Approved Pit
☒ Flange Adapter ☐ 12" Above Grade
13 Well Grouted? ☐ Yes ☒ No
☐ Neat Cement ☐ Bentonite ☐

Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

55 feet SE Direction Septic TypeWell disinfected upon completion ☐ Yes ☒ No

15 PUMP:

☒ Not installed

Manufacturer's Name _____

Model Number _____ HP _____ Volts _____

Length of Drop Pipe _____ ft. capacity _____ G.P.M.

Type: ☐ Submersible☐ Jet☐ Reciprocating

2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

Clay	20	20
Gravel cemented	25	45
Gravel	5	50
Shale	10	60
Soft sand rock	5	65
Lime rock	15	80
Lime & sand rock	20	100

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

ADDED INFO. BY DRILLER. USE BLCORRECTED BY QADDITION 23

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Leonard H. Miller 0404
 REGISTERED BUSINESS NAME REGISTRATION NO.
Address SpringportSigned M. Leonard Date 10-13-73

AUTHORIZED REPRESENTATIVE

JAN 29 1976

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

18

1 LOCATION OF WELL

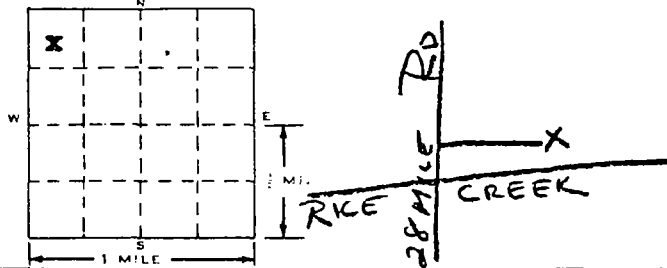
County **Calhoun** Township Name **Sheridan** Fraction **E 1/2 Sec 23** Section Number **23** Town Number **2 N. S.** Range Number **4 E. W.**

Distance And Direction from Road Intersections **50 yds. north of rice creek on west side of rd. 300 yds of rd.**

Street address & City of Well Location **Albion, Michigan**

Locate with "X" in section below

Sketch Map:



2 FORMATION

THICKNESS
OF
STRATUM

DEPTH TO
BOTTOM OF
STRATUM

Gravelly clay

18

18

Gravel & stone

15

33

Soft gray sandrock muddy

4

37

Gray sandrock muddy

28

65

Gray sandrock clean

15

80

2 OWNER OF WELL:

Address **Oscar Cleveland**
709 N. Eaton
Albion, Michigan 49224

4 WELL DEPTH: (completed) Date of Completion

80 ft. **9/10/75**

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐ Height: Above/Below
Diam. Surface **1** ft.

4 in. to **39** ft. Depth Weight **11** lbs./ft.
in. to ft. Depth Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: _____ Dia.: _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings: _____

9 STATIC WATER LEVEL

6 ft. below land surface

10 PUMPING LEVEL below land surface

7 ft. after **1** hrs. pumping **17** g.p.m.

ft. after hrs. pumping g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____
Hardness _____ Other _____

12 WELL HEAD COMPLETION:

☐ In Approved Pit
☐ Pitless Adapter ☒ 12" Above Grade

13 Well Grouted? ☐ Yes ☒ No

☐ Neat Cement ☐ Bentonite ☐
Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

_____ feet _____ Direction _____ Type
Well disinfected upon completion ☒ Yes ☐ No

15 PUMP:

☒ Not installed

Manufacturer's Name _____
Model Number _____ HP _____ Volts _____
Length of Drop Pipe _____ ft. capacity _____ G.P.M.
Type: ☐ Submersible ☐ Jet ☐ Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

ADDED INFO BY: **GRILLER** ITEM NO. **106**
*CORRECTED BY **GR**
ADDITION BY **GR
ELEVATION
DEPTH TO ROCK

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

R.M. Brewer & Son Inc. **106**
REGISTERED BUSINESS NAME REGISTRATION NO.

Address **Parma, Michigan** **49269**

Signed **William J. Brewer** Date **9/18/75**
AUTHORIZED REPRESENTATIVE

FEB 05 1980

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

19

1 LOCATION OF WELL

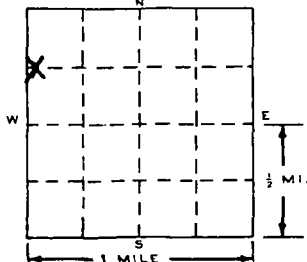
County Calhoun	Township Name SHERIDAN	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number 23	Town Number 2 S.	Range Number 4 W.
--------------------------	----------------------------------	---	-----------------------------	----------------------------	-----------------------------

Distance And Direction from Road Intersections

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



Same

3 OWNER OF WELL:

Jim Ferry
Address
14656 28 Mile Rd.
Albion, Mi. 49224

4 WELL DEPTH: (completed) Date of Completion

108 ft. **7/9/79**

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ _____
 6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐ _____

7 CASING: Threaded ☒ Welded ☐ Height: Above/Below
 Diam. _____ Surface **1** ft.
4 in. to **67** ft. Depth Weight **11** lbs./ft.
 _____ in. to _____ ft. Depth Drive Shoe? Yes ☒ No ☐

2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

Red sandy clay

42

42

Sand

11

53

Soft sandrock

9

62

Sandrock

46

108

8 SCREEN:

Type: _____ Dia.: _____
 Slot/Gauze _____ Length _____
 Set between _____ ft. and _____ ft.
 Fittings: _____

9 STATIC WATER LEVEL

9 ft. below land surface

10 PUMPING LEVEL below land surface

11 ft. after **1** hrs. pumping **20** g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____
 Hardness _____ Other _____

12 WELL HEAD COMPLETION:

☐ In Approved Pit
☒ Pitless Adapter ☐ 12" Above Grade

13 Well Grouted? ☐ Yes ☒ No

☐ Neat Cement ☐ Bentonite ☐ _____
 Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

_____ feet _____ Direction _____ Type
 Well disinfected upon completion ☒ Yes ☐ No

15 PUMP:

☐ Not installed

Manufacturer's Name **Goulds**
 Model Number **10EJ05422** HP $\frac{1}{2}$ Volts **230**
 Length of Drop Pipe **20** ft. capacity **10** G.P.M.
 Type: ☒ Submersible
☐ Jet ☐ Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM NO.

*CORRECTED BY

**ADDITION BY

ELEVATION

DEPTH TO ROCK

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

D.M. Brewer & Son Inc. **106**
 REGISTERED BUSINESS NAME REGISTRATION NO.

Address **Porter, Michigan 49269**

Signed **D.M. Brewer** Date **7/31/79**
 AUTHORIZED REPRESENTATIVE

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

20

1 LOCATION OF WELL

County Calhoun Township Name Sheldon Fraction SE 1/4 SE 1/4 SW 1/4 Section Number 31 Town Number 2 N/S. Range Number 4 E.W.

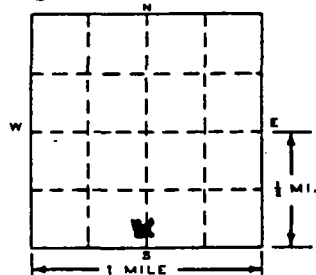
Distance And Direction from Road Intersections

1/2 mi east of Jennings town line on no side of Division Drive

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



MILE
TO
T. Line

Sheldon

Division Dr

2 FORMATION

THICKNESS
OF
STRATUM

DEPTH TO
BOTTOM OF
STRATUM

Clay, Gravel - mixed		
W/Pebbles -	36'	36'
SAND & Gravel	18'	(54)
Broken Rock -	6'	60'
Water Bearing Rock	25'	85'

3 OWNER OF WELL:

Address

Berkeley Estates
Jessie Huffert - Guardian

4 WELL DEPTH: (completed) Date of Completion

85 ft. May 24-74

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐ Height: Above/Below

Diam. 4 in. to 60 ft. Depth

4 in. to 60 ft. Depth

Weight 11 lbs./ft. Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: X Dia.: X

Slot/Gauze X Length X

Set between X ft. and X ft.

Fittings: X

9 STATIC WATER LEVEL

30 ft. below land surface

10 PUMPING LEVEL below land surface

30 ft. after 2 hrs. pumping 30 g.p.m.

30 ft. after 2 hrs. pumping 30 g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) Chlorides (Cl)

Hardness Other

12 WELL HEAD COMPLETION: ☐ In Approved Pit

☒ Pitless Adapter ☐ 12" Above Grade

13 Well Grouted? ☐ Yes ☒ No

☐ Neat Cement ☐ Bentonite ☐

Depth: From ft. to ft.

14 Nearest Source of possible contamination

80 feet SW Direction 1/4 mile field Type

Well disinfected upon completion ☒ Yes ☐ No

15 PUMP:

☒ Not installed

Manufacturer's Name F4W

Model Number 50 FR HP 1/2 Volts 230

Length of Drop Pipe 42 ft. capacity 12 G.P.M.

Type: ☒ Submersible ☐ Jet ☐ Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM NO.

RECORDED BY cf

**ADDED IN BY

ELEVATION

DEPTH TO ROCK

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

K. R. K. Well Drilling 0393
REGISTERED BUSINESS NAME REGISTRATION NO.

Address 180 So Main (Le Rose)

Signed [Signature] Date 5-26-74

AUTHORIZED REPRESENTATIVE

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

WATER WELL AND PUMP RECORD

PERMIT NUMBER

9134

21

1 LOCATION OF WELL			3 OWNER OF WELL:																	
County Jackson	Township Name Concord	Fraction 1/4	Section Number 5	Town Number 3 N	Range Number 3 E															
Distance And Direction From Road Intersection 1/8 mile from The Barn Mills & Elm Row Intersection, South Side of Elm Row			Address Dale Taylor 1081 Ocean Beach Rd Clark Lk. Mi. 49234																	
Street Address & City of Well Location			Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
Locate with "X" in Section Below			Date of Completion 4-18-85																	
			4 WELL DEPTH: (completed) 145 ft.																	
2 FORMATION DESCRIPTION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">FORMATION DESCRIPTION</th> <th style="width:20%;">THICKNESS OF STRATUM</th> <th style="width:20%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr> <td>Sandy Clay</td> <td>6</td> <td>6</td> </tr> <tr> <td>Gravelly Clay</td> <td>51</td> <td>57</td> </tr> <tr> <td>Brown Sand Rock</td> <td>58</td> <td>115</td> </tr> <tr> <td>Shale Sand Rock</td> <td>30</td> <td>145</td> </tr> </tbody> </table>			FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Sandy Clay	6	6	Gravelly Clay	51	57	Brown Sand Rock	58	115	Shale Sand Rock	30	145	5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>		
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			Gravelly Clay	51	57															
Brown Sand Rock	58	115																		
Shale Sand Rock	30	145																		
6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>																				
7 CASING: <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Height Above/Below _____ in. to _____ ft. depth Surface 1 ft. _____ in. to _____ ft. depth Weight 200 lbs./ft. Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth																				
8 SCREEN: <input type="checkbox"/> Not Installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____																				
9 STATIC WATER LEVEL: 32 ft. below land surface <input type="checkbox"/> Flow			10 PUMPING LEVEL: below land surface 35 ft. after 4 hrs pumping at 25 G.P.M. _____ ft. after _____ hrs pumping at _____ G.P.M.																	
11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit			12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 0 to 66 ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____																	
13 Nearest source of possible contamination Type Sept. Tank Distance 55 ft. Direction E Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name Burks Model number 55A1B HP 1/2 Volts 230 Length of Drop Pipe 50 ft. capacity 10 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name _____ Model number 202 Capacity _____ Gallons																	
15. Remarks, elevation, source of data, etc.			16 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Mark William Halpern 1150 REGISTERED BUSINESS NAME REGISTRATION NO. Address 548 Pennington Signed Mark William Halpern AUTHORIZED REPRESENTATIVE																	

USE A 2ND SHEET IF NEEDED

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

22

SEP 17 1970

NE 1/4 SEC 16

1 LOCATION OF WELL

County JACKSON Township Name CONCORD Fraction NE 1/4 SEC 16 Section Number 16 Town Number 3 N.S. Range Number 3 E.W.

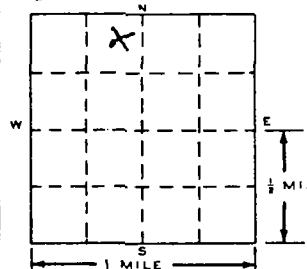
Distance And Direction from Road Intersections

750' WEST OF BATH MILLS RD
200' SOUTH OF FERRIS RD

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

<u>brown sand & gravel</u>	<u>34</u>	
<u>some clay</u>		<u>36</u>
<u>light brown sand & gravel</u>	<u>18</u>	<u>54</u>
<u>gray sand & gravel</u>	<u>32</u>	<u>86</u>
<u>soft white sandstone</u>	<u>3</u>	<u>89</u>
<u>medium dark white sandstone</u>	<u>46</u>	<u>135</u>

3 OWNER OF WELL:

Richard Merrill
143 Bath Mills Road
Albion

4 WELL DEPTH: (completed) Date of Completion

135 ft. July 18 1970

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐ Height: Above/Below

4 in. to 95 ft. Depth 2 ft.
Weight 11 lbs./ft.
Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: _____ Dia.: _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings: NONE

9 STATIC WATER LEVEL

53 ft. below land surface

10 PUMPING LEVEL below land surface

63 ft. after 3 hrs. pumping 30 g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million: UNKNOWN

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit
☒ Pitless Adapter ☐ 12" Above Grade

13 Well Grouted? ☐ Yes ☒ No
☐ Neat Cement ☐ Bentonite ☐
Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination 55 feet W Direction SEPTIC TANK FIELD Type

Well disinfected upon completion ☒ Yes ☐ No

15 PUMP: ☐ Not installed

Manufacturer's Name Whisper

Model Number 4568D HP 1/2 Volts 220

Length of Drop Pipe 60 ft. capacity 7-12 G.P.M.

Type: ☒ Submersible ☐ Jet ☐ Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

LEONARD WELL DRILLING CO. 0404
REGISTERED BUSINESS NAME REGISTRATION NO.

Address 11 Springport

Signed M. Leonard Date 7-20-70

AUTHORIZED REPRESENTATIVE

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

23

1 LOCATION OF WELL

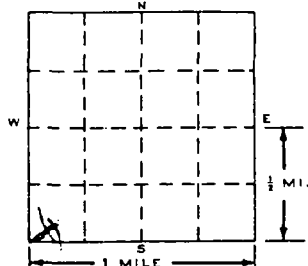
County Jackson Township Name Concord Fraction 5/8 Section Number 6 Town Number 3 Range Number 3 N.W.

Distance And Direction from Road Intersections
1 1/2 miles east of Van Wert Road
on north side of Albion Rd.

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



3 OWNER OF WELL:

Address Wendall Bishop
165 Albion Rd.
Albion Mich.

4 WELL DEPTH: (completed) Date of Completion

90 ft. 5/23/79

5 ☒ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well

7 CASING: Threaded ☐ Welded ☐ Height: Above/Below

Diam. 4 in. to 36 ft. Depth 2 ft.

4 in. to 36 ft. Depth 11 lbs./ft.

Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: _____ Dia.: _____

Slot/Gauze _____ Length _____

Set between _____ ft. and _____ ft.

Fittings: _____

9 STATIC WATER LEVEL

32 ft. below land surface

10 PUMPING LEVEL below land surface

_____ ft. after _____ hrs. pumping _____ g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____ Other _____

12 WELL HEAD COMPLETION:

☐ In Approved Pit

☒ Pitless Adapter ☐ 12" Above Grade

13 Well Grouted?

☐ Yes ☒ No

☐ Neat Cement ☐ Bentonite

Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

25 feet N Direction Kerners Type

Well disinfected upon completion ☐ Yes ☒ No

15 PUMP:

☐ Not installed

Manufacturer's Name Burke

Model Number 10SNP1AC HP 1 Volts 230

Length of Drop Pipe 50 ft. capacity 15 G.P.M.

Type: ☒ Submersible

☐ Jet ☐ Reciprocating

ADDED INFO BY DRILLER, ITEM NO.

*CORRECTED BY

**ADDITION BY

ELEVATION

DEPTH TO ROCK

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

NO 6813

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true

to the best of my knowledge and belief

Kerners 0404

REGISTERED BUSINESS NAME REGISTRATION NO.

Address Albion Mich.
M. Kerners 6-14-79

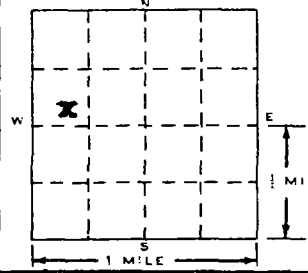
Signed Date

AUTHORIZED REPRESENTATIVE

FEB 12 1979

WATER WELL RECORD
ACT 294 PA 1965MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

24

1 LOCATION OF WELL			3 OWNER OF WELL:		
County Jackson	Township Name Parma	Fraction <div style="display: flex; justify-content: space-around;">1/41/41/4</div>	Section Number 27	Town Number 2 XX S.	Range Number 3 X W.
Distance And Direction from Road Intersections 1/10th Mile West of Callahan rd. on north side of rd.			Address Mike Zakreski 1201 Allen St Lansing, Michigan		
Street address & City of Well Location 13908 W. Michigan Parma, Michigan			4 WELL DEPTH: (completed) Date of Completion 10/11/78 140 ft.		
Locate with "X" in section below 			5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____		
			6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/> _____		
			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. _____ Height: Above _____ below _____ Surface 1 ft. Weight 11 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
2 FORMATION			8 SCREEN:		
	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____		
Sandy clay and gravel	70	70	9 STATIC WATER LEVEL 44 ft. below land surface 10 PUMPING LEVEL below land surface 45 ft. after 2 hrs. pumping 16 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. 11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____ 12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade 13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft. 14 Nearest Source of possible contamination _____ feet _____ Direction _____ Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 15 PUMP: <input checked="" type="checkbox"/> Not installed Manufacturer's Name Grundfos Model Number 10505422 HP 1/2 Volts 230V Length of Drop Pipe 63 ft. capacity 10 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
Gravel and sand	35	105			
Sandy shale gray	20	125			
Lime rock brown brown	5	120			
Gray sandrock	20	140			
ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY **ADDITION BY ELEVATION DEPTH TO ROCK <small>USE A 2ND SHEET IF NEEDED</small>			16 Remarks, elevation, source of data, etc. Well Permit # 6375		
			17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. R.M. Brewer & Son Inc. 106 <small>REGISTERED BUSINESS NAME REGISTRATION NO.</small> Address Parma, Michigan Signed Kenneth Brewer Date 9/13/78 <small>AUTHORIZED REPRESENTATIVE</small>		

27-2S-3W
 Parma Twp. (Jackson Co.)

M. I. O. Exploration Company

MacDonald - Lett et al Unit No. 1

Permit No. 27882

Drilling Contractor: Don Yohe Drilling Company (Rotary 0-4860)

Location: NE $\frac{1}{4}$ SE $\frac{1}{4}$ SW $\frac{1}{4}$ Section 27, T2S, R3W
 990 feet from South and 150 feet from East line of quarter section.

Elevation: 1010.0 feet above sea level (rot. bush.)

Record by: M. Balombin from driller's log & sample log submitted by the company. Logs run: Schlumberger Laterolog Gamma Ray-Neutron Log 50'-4852' & Compensated Formation Density Log 1675'-4853 (Sj)

	Thickness (feet)	Depth (feet)
PLEISTOCENE-MISSISSIPPIAN:		
Drift-Marshall:		
"Drift" & " Marshall"	412	412
MISSISSIPPIAN:		
Coldwater:		
Shale, gray	1013	1425
Sunbury:		
Shale, black & dolomite, light	17	1442
Berea-Bedford:		
Shale, gray	52	1494
DEVONIAN:		
Antrim:		
Shale, dark brown to black, calcareous in part	216	1710
Traverse Formation:		
Shale, gray, very calcareous & limestone, gray brown, argillaceous	37	1747
Traverse Limestone:		
Limestone, tan & gray, dolomitic in upper part	201	1948
DEVONIAN-SILURIAN:		
Dundee-Detroit River-Bois Blanc-Bass Islands: (Bois Blanc @ 2344? Sj)		
Dolomite, tan, brown with anhydrite interbedded thruout, argillaceous in part (Detroit River Dolomite @ 2015 Sj)	513	2461
SILURIAN:		
Salina-Niagaran:		
Dolomite as above, lighter in color, shaly	242	2703
Shale, gray, dolomitic	107	2810
Dolomite, light gray, tan, shaly in part	48	2858

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

26

1 LOCATION OF WELL		County <u>Tackson</u>		Twp. <u>Parma</u>	Fraction <u>SW 1/4 SW 1/4 NE 1/4</u>	Section No. <u>30</u>	Town <u>2</u> S.	Range <u>3</u> W.
Distance And Direction from Road Intersections <u>1/4 mile north of road on East side of M. 99</u>					3 OWNER OF WELL: <u>Carl E. Deely</u> Address <u>4330 E. Mech Ave.</u> <u>Albion</u>			
2 FORMATION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) <u>115</u> ft. Date of Completion <u>3-18-70</u>				
<u>Clay</u>		<u>10</u>	<u>10</u>	5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>				
<u>Sand</u>		<u>25</u>	<u>35</u>	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>				
<u>Sand Gravel</u>		<u>13</u>	<u>48</u>	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. <u>4</u> in. to <u>20</u> ft. Depth Height: Above/Below surface <u>2</u> ft. Weight <u>11</u> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
<u>Sand & gravel pockets</u>		<u>22</u>	<u>70</u>	8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____				
<u>Time & sand rock</u>		<u>25</u>	<u>95</u>	9 STATIC WATER LEVEL <u>30</u> ft. below land surface				
<u>Sand rock</u>		<u>20</u>	<u>115</u>	10 PUMPING LEVEL below land surface <u>35</u> ft. after <u>2</u> hrs. pumping <u>37</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.				
				11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____				
				12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade				
				13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.				
				14 SANITARY: Nearest Source of possible contamination: <u>50</u> feet <u>SE</u> Direction <u>Septic</u> type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
				15 PUMP: Manufacturer's Name <u>Others</u> Model Number _____ HP Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating				
16 Remarks, elevation, source of data, etc.				17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Leonard Will Valley</u> 0404 REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>121 S. Greenport</u> Signed <u>M. Leonard</u> Date <u>3-20-70</u> AUTHORIZED REPRESENTATIVE				

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

27

1 LOCATION OF WELL		County <u>Jackson</u>		Township Name <u>Palma</u>		Fraction <u>1/4 1/4</u>		Section Number <u>30</u>		Town Number <u>2</u>		Range Number <u>3</u>	
Distance And Direction From Road Intersection <u>about middle between M 99 and Sallow Rd on south side of Condon</u>						3 OWNER OF WELL <u>Harold Harvey</u> Address <u>16141 Condon Rd</u> <u>Albion MI 49224</u> Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Street Address & City of Well Location						4 WELL DEPTH (completed) <u>49</u> ft Date of Completion <u>3-16-84</u>							
Locate with "X" in Section Below						5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>							
Sketch Map						6 USE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>							
						7 CASING Diameter <u>4</u> in to <u>38</u> ft depth <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Plastic <input type="checkbox"/> Height: <u>0</u> Above <u>2</u> Below Surface <u>11</u> ft. Weight <u>11</u> lbs/ft. Grouted Drill Hole Diameter _____ in to _____ ft depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
2 FORMATION DESCRIPTION						8 SCREEN. <u>None</u> <input checked="" type="checkbox"/> Not Installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft and _____ ft FITTINGS <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft Other _____							
<u>first 18 ft when clean held water</u> <u>with no noticeable loss!</u> <u>Loss of water quite noticeable from</u> <u>18 to 25 ft.</u>						9 STATIC WATER LEVEL <u>24</u> ft below land surface <input type="checkbox"/> Flow							
<u>0-12 clay - red</u> <u>12</u> <u>12</u> <u>12-14 Clay + gravel - hard Rd</u> <u>2</u> <u>14</u> <u>14-18 Clay + sand softer</u> <u>4</u> <u>18</u> <u>18-34 Clay + stones - red</u> <u>16</u> <u>34</u> <u>34-49 - Rock - Hard!</u> <u>(Granite? sand rock)</u> <u>15</u> <u>49</u>						10 PUMPING LEVEL: below land surface <u>25</u> ft. after <u>1</u> hrs pumping at <u>20</u> G.P.M. _____ ft after _____ hrs pumping at _____ G.P.M.							
						11 WELL HEAD COMPLETION <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit							
						12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <u>0</u> to <u>38</u> ft <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement <u>5 1/2</u> Additives <u>None</u>							
						13 Nearest source of possible contamination Type <u>Septic</u> Distance <u>70</u> ft Direction <u>South</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
						14 PUMP. <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. TYPE <input type="checkbox"/> Submersible <input type="checkbox"/> Jet _____ PRESSURE TANK Manufacturer's name _____ Model number _____ Capacity _____ Gallons							
15. Remarks, elevation, source of data, etc. <u>permitt # 8830</u> <u>Iron - 1 Hardness - 2</u> <u>2 holes drilled to 25 ft pulled because</u> <u>of stones filled with bentonite about</u> <u>50 ft east of finished well</u>						16. WATER WELL CONTRACTOR'S CERTIFICATION. This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Raymond Will</u> <u>13-0769</u> REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address <u>12248 E. Michigan Ave. Albion MI 49017</u> Signed <u>Raymond</u> Date <u>3-16-84</u> AUTHORIZED REPRESENTATIVE							

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Bureau of Environmental and
Occupational Health - GWCS

GEOLOGICAL SURVEY COPY

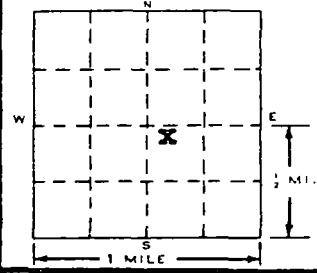
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WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

28

1 LOCATION OF WELL			3 OWNER OF WELL:		
County Jackson	Township Name Parma	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number 30	Town Number 2 S.	Range Number 3 E.W.
Distance And Direction from Road Intersections 1/10th Mile north of Condom Rd. on east side of rd. Eaton Rapids Rd. Albion, Michigan 49224			Address Joe Hubbard 16344 Condom Rd. Albion, Michigan 49224		
Street address & City of Well Location Locate with "X" in section below 			4 WELL DEPTH: (completed) Date of Completion 115 ft. 1/8/82 5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____ 6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/> _____ 7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface 1 ft. Diam. 4 in. to 83 ft. Depth Weight 11 lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
2 FORMATION			8 SCREEN:		
		THICKNESS OF STRATUM			
		DEPTH TO BOTTOM OF STRATUM			
Sandy gravelly clay		40	40		
Gray sandy clay		20	60		
Sand and gravel		10	70		
Gray shale		12	82		
Lime rock		2	84		
Gray muddy sandrock		6	90		
Gray shale		6	96		
Gray sandrock		19	115		
			9 STATIC WATER LEVEL 45 ft. below land surface 10 PUMPING LEVEL below land surface 46 ft. after 2 hrs. pumping 17 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____		
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		
			13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		
			14 Nearest Source of possible contamination _____ feet. _____ Direction _____ Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name Reda Model Number 9D9P051 HP 1/2 Volts 230 Length of Drop Pipe 60 ft. capacity 10 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc. Well Permit #8097 ADDED INFO BY DRILLER: ITEM NO. *CORRECTED BY **ADDITION BY ELEVATION DEPTH TO ROCK			17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. B. N. Brewer & Son Inc. 106 REGISTERED BUSINESS NAME REGISTRATION NO. Address Parma, Michigan 49269 Signed Robert H. Brewer 1/29/82 AUTHORIZED REPRESENTATIVE		

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

29

NOV 30 1981

1 LOCATION OF WELL

County Jackson Township Name Hanna Fraction NE 1/4 NE 1/4 SE 1/4 Section Number 30 Town Number 2 N/S. Range Number 3 E/W.

Distance And Direction from Road Intersections

NE corner of intersection of
Eaton Road & Connel Road

Street address & City of Well Location

3 OWNER OF WELL:

Address Bernard Berry Jr.
12409 Galena Rd
Hannover Mich

4 WELL DEPTH: (completed) Date of Completion

150 ft. 7-22-81

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐ Height: Above/Below
Diam. 4 in. to 84 ft. Depth Surface 11 ft.

4 in. to 84 ft. Depth Weight 11 lbs./ft.
Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: _____ Dia.: _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings: _____

9 STATIC WATER LEVEL

50 ft. below land surface

10 PUMPING LEVEL below land surface

_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____
Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit
☒ Pitless Adapter ☐ 12" Above Grade

13 Well Grouted? ☐ Yes ☒ No

☐ Neat Cement ☐ Bentonite ☐
Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

50 feet NW Direction Septic Type
Well disinfected upon completion ☐ Yes ☐ No

15 PUMP:

☐ Not installed
Manufacturer's Name Leely
Model Number _____ HP 3/4 Volts 230
Length of Drop Pipe 60 ft. capacity _____ G.P.M.
Type: ☐ Submersible
☐ Jet ☐ Reciprocating

2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

Clay sandy	13	13
Gravel	42	55
Clay gravelly	15	70
Shale	11	81
Sandrock & shale	14	97
Sandrock	53	?

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

ADDED INFO. BY DRILLER, ITEM NO.

CORRECTED BY

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true
to the best of my knowledge and belief.

REGISTERED BUSINESS NAME Leonard Well Driller REGISTRATION NO. 0404

Address Springport

Signed M. Leonard Date 8-24-81

AUTHORIZED REPRESENTATIVE

JAN 13 1978

WATER WELL RECORD
ACT 294 PA 1965MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

30

1 LOCATION OF WELL

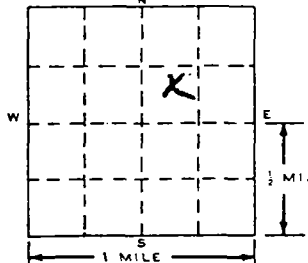
County Jackson Township Name Hanna Fraction NE SW NE Section Number 31 Town Number 2 N.S. Range Number 13 E.W.

Distance And Direction from Road with Suctions
12 mile east of Zinler Road
on north side of Mich. Ave.

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

Clay	21	21
Sand	29	50
Clay & shale	14	64

3 OWNER OF WELL:

Address

Wilford Neusome
16425 E Michigan
Albion Michigan

4 WELL DEPTH: (completed) Date of Completion

110 ft. 10-21-77

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐ Height: Above/Below
Diam. Surface 11 ft.

4 in. to 64 ft. Depth Weight 11 lbs./ft.
in. to ft. Depth Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: Dia.:
Slot/Gauze Length
Set between ft. and ft.
Fittings:

9 STATIC WATER LEVEL

47 ft. below land surface

10 PUMPING LEVEL below land surface

57 ft. after 1 hrs. pumping 30 g.p.m.
ft. after hrs. pumping g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) Chlorides (Cl)
Hardness Other

12 WELL HEAD COMPLETION: ☐ In Approved Pit
☒ Pitless Adapter ☐ 12" Above Grade

13 Well Grouted? ☐ Yes ☒ No
☐ Neat Cement ☐ Bentonite
Depth: From ft. to ft.

14 Nearest Source of possible contamination
60' feet No Direction Septic Type
Well disinfected upon completion ☒ Yes ☐ No

15 PUMP:

☒ Not installed
Manufacturer's Name Hydrolabs Pump
Model Number 10FV HP 2 Volts 220V
Length of Drop Pipe 60 ft. capacity 12 G.P.M.
Type: ☒ Reciprocating
☐ Jet ☐

BY DRILLER, ITEM NO.

BY

BY

ELEVATION

DEPTH TO ROCK

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

110-5069

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true
to the best of my knowledge and belief.

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address Albion Michigan

Signed M. Leonard Date 11-19-77

AUTHORIZED REPRESENTATIVE

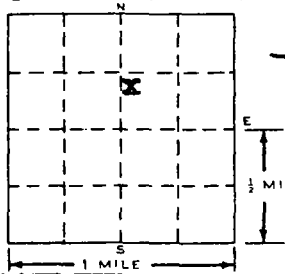
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WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

31

1 LOCATION OF WELL		3 OWNER OF WELL:	
County Jackson	Township Name Parma	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number 31
		Town Number 2 N.S.	Range Number 3 E.W.
Distance And Direction from Road Intersections NE Corner of M-99 and Michigan Ave.		Address Mid State Theaters P.O. Box 388 DURAND, MICHIGAN	
Street address & City of Well Location Michigan Ave Ablion, Michigan		4 WELL DEPTH: (completed) Date of Completion 114 ft. 11-7-78	
Locate with "X" in section below 		5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>	
		6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>	
		7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. 4 in. to 76 ft. Depth 11 lbs./ft. Height: Above/below Surface 1 ft. Weight 11 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2 FORMATION		8 SCREEN:	
	THICKNESS OF STRATUM	Type: _____ Dia.: _____	
Gravely clay and stone	10	Slot/Gauze _____ Length _____	
Sand and gravel	55	Set between _____ ft. and _____ ft.	
Gravely caly	8	Fittings: _____	
Gray sandy shale	12	9 STATIC WATER LEVEL 42 ft. below land surface	
Gray sandrock	29	10 PUMPING LEVEL below land surface 43 ft. after 1 1/2 hrs. pumping 16 g.p.m.	
		_____ ft. after _____ hrs. pumping _____ g.p.m.	
		11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____	
		12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade	
		13 Well Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.	
		14 Nearest Source of possible contamination 75 feet W&N Direction Septic Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name Webtrol Model Number 102-58b HP 1/2 Volts 230 Length of Drop Pipe 52 ft. capacity 10 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	
ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY **ADDITION BY ELEVATION DEPTH TO ROCK USE A 2ND SHEET IF NEEDED		17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. R.M. Brewer & Son Inc. 106 REGISTERED BUSINESS NAME REGISTRATION NO. Address Parma, Michigan 49269 Signed Kenneth Brewer Date 11/10/78 AUTHORIZED REPRESENTATIVE	
16 Remarks, elevation, source of data, etc. Well Permit #6279			

FEB 12 1979

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

32

1 LOCATION OF WELL

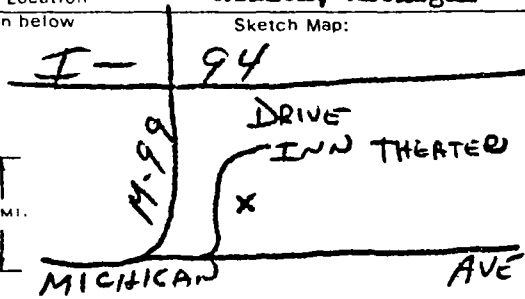
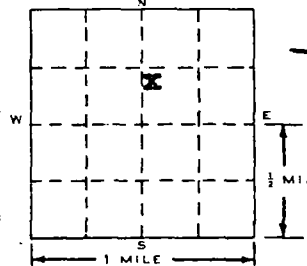
County **Jackson** Township Name **Parma** Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Section Number **31** Town Number **2** ~~N.~~S. Range Number **3** ~~E.~~W.

Distance And Direction from Road Intersections **NE Corner of M-99 and Michigan Ave.**

Street address & City of Well Location **Michigan Ave Ablion, Michigan**

Locate with "X" in section below

Sketch Map:



2 FORMATION

THICKNESS
OF
STRATUM

DEPTH TO
BOTTOM OF
STRATUM

Gravelly clay and stone

10

10

Sand and gravel

55

65

Gravelly caly

8

73

Gray sandy shale

12

85

Gray sandrock

29

114

3 OWNER OF WELL:

Address **Mid State Theaters
P.O. Box 388
DURAND, MICHIGAN**

4 WELL DEPTH: (completed) Date of Completion

114 ft. **11-7-78**

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well

7 CASING: Threaded ☒ Welded ☐ Height: Above/below
Diam. Surface **1** ft.

4 in. to **76** ft. Depth Weight **11** lbs./ft.

4 in. to **76** ft. Depth Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: _____ Dia.: _____

Slot/Gauze _____ Length _____

Set between _____ ft. and _____ ft.

Fittings: _____

9 STATIC WATER LEVEL

42 ft. below land surface

10 PUMPING LEVEL below land surface

43 ft. after **1 1/2** hrs. pumping **16** g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit

☒ Pitless Adapter ☐ 12" Above Grade

13 Well Grouted? ☐ yes ☐ No

☐ Neat Cement ☐ Bentonite ☐ _____

Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

75 feet **W&N** Direction **Septic** Type

Well disinfected upon completion ☒ Yes ☐ No

15 PUMP:

☐ Not installed

Manufacturer's Name **Webtrol**

Model Number **102a58b** HP **1/2** Volts **230**

Length of Drop Pipe **52** ft. capacity **10** G.P.M.

Type: ☒ Submersible

☐ Jet

☐ Reciprocating

ADDED INFO BY DRILLER, ITEM NO.

*CORRECTED BY

**ADDITION BY

ELEVATION

DEPTH TO ROCK

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

Well Permit #6279

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

R.M. Brewer & Son Inc.

106

Address **Parma, Michigan 49269**

Signed **Renneth Brewer** Date **11/10/78**

AUTHORIZED REPRESENTATIVE

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT

OF
PUBLIC HEALTH

33

1 LOCATION OF WELL

County **Jackson** Twp. **Parma** Fraction **NE 1/4 SE 1/4 NW 1/4** Section No. **31** Town **2 N.S.** Range **3 E.W.**

Distance And Direction from Road Intersections

Plot on the S.W. corner of
Michigan Ave & Finley Rd. New Subdivision

OWNER No. _____

3 OWNER OF WELL:

Parma Development Co
Address **2410 Clinton Rd**
Jackson, Michigan

Street address & City of Well Location

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) Date of Completion
Gravelly-clay	0	14	350 ft. 8/3/67
Muddy-sand	37	51	5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>
" Gravel-fine	4	55	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>
Blue Clay-sandy	13	68	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. 12 in. to 94' 5" ft. Depth Height: Above/Below surface 1 ft. Weight 51 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Course Gravel	14	82	8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____
Brown Sand-muddy	5	87	9 STATIC WATER LEVEL 31' 3" ft. below land surface
Soft Grey Sandrock	3	90	10 PUMPING LEVEL below land surface 28' ft. after 3 1/2 hrs. pumping 1200 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.
Med-Clean White Sandrock	93	183	11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____
Muddy-Med-Hard	62	245	12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade
Clean White Sandrock-water-bearing	30	275	13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.
Blue Grey " fine-hard	75	350	14 SANITARY: Nearest Source of possible contamination 200 feet Direction None as yet Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			15 PUMP: Manufacturer's Name Not installed at Model Number this date. Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating

16 Remarks, elevation, source of data, etc.

ADDED INFO. BY DRILLER, ITEM No.

CORRECTED BY:

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true
to the best of my knowledge and belief.

R M Brewer & Son Inc

106

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address **Rt 1 Parma, Michigan 49269**Signed Douglas Brewer Date 10-12-67
AUTHORIZED REPRESENTATIVE

OCT 23 1967

34

GEOLOGICAL SURVEY COPY

GEOLOGICAL SURVEY COPY

GEOLOGICAL SURVEY COPY

NOV 13 1980

WATER WELL RECORD
ACT 294 PA 1965MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

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1 LOCATION OF WELL

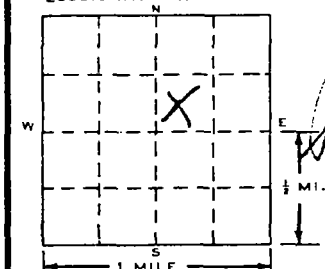
County Jackson Township Name Parma Fraction SWSW 1/4 NE 1/4 Section Number 31 Town Number 2 N.S. Range Number 3 N.W.

Distance And Direction from Road Intersections
1/2 mile south of West Ave
on east side of Linley Road

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



Permit # 7677

3 OWNER OF WELL

Address

Stan Morgan
484 Linley Rd
Jackson Mich

4 WELL DEPTH: (completed) Date of Completion

120 ft. 9/11/80

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐ Diam.

Height: Above/Below

4 in. to 78 ft. Depth
4 in. to 78 ft. Depth
Surface 1 ft.
Weight 11 lbs./ft.
Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: _____ Dia.: _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings: _____

9 STATIC WATER LEVEL

34 ft. below land surface

10 PUMPING LEVEL below land surface

41 ft. after 1 hrs. pumping 30 g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____ Other _____

12 WELL HEAD COMPLETION:

☐ In Approved Pit☒ Pitless Adapter ☐ 12" Above Grade13 Well Grouted? ☐ Yes ☒ No

☐ Neat Cement ☐ Bentonite ☐

Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

80 feet N/E Direction septic Type

Well disinfected upon completion ☐ Yes ☒ No

15 PUMP:

☒ Not installed

Manufacturer's Name _____

Model Number _____ HP _____ Volts _____

Length of Drop Pipe _____ ft. capacity _____ G.P.M.

Type: ☐ Submersible

☐ Jet☐ Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM: ALL
*CORRECTED BY
**ADDITION BY
ELEVATION
DEPTH TO ROCK

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address

Signed

AUTHORIZED REPRESENTATIVE

Date

10-11-80

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT

OF
PUBLIC HEALTH

38

1 LOCATION OF WELL			County <u>JACKSON</u>		Twp. <u>Parma</u>	Fraction <u>NE 1/4 NW 1/4 NE 1/4</u>	Section No. <u>31</u>	Town <u>2 N. S.</u>	Range <u>3 W.</u>
Distance And Direction from Road Intersections <u>2.5 East of Timley rd on</u> <u>10 mi Michigan ave on north</u>			OWNER No. _____		3 OWNER OF WELL: Address <u>Gordon Martin</u> <u>R #1 Albion</u>				
Street address & City of Well Location <u>Side 100 ft of rd</u>			THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		4 WELL DEPTH: (completed) <u>110</u> ft. Date of Completion <u>Jan 1969</u>		
2 FORMATION							5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>		
<u>Sand</u>			<u>10</u>		<u>10</u>		6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>		
<u>Sandy clay</u>			<u>10</u>		<u>45</u>		7 CASING: <input checked="" type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below surface _____ ft. Diam. <u>4</u> in. to <u>67</u> ft. Depth <u>11</u> lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<u>Gravelly clay</u>			<u>15</u>		<u>55</u>		8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____		
<u>fine gravel</u>			<u>5</u>		<u>60</u>		9 STATIC WATER LEVEL <u>50</u> ft. below land surface		
<u>fine rock</u>			<u>32</u>		<u>92</u>		10 PUMPING LEVEL below land surface <u>Pu #60</u> ft. after <u>1</u> hrs. pumping <u>30</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
<u>Sand rock</u>			<u>18</u>		<u>110</u>		11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness <u>Unknown</u>		
							12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade		
							13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> Depth: From _____ ft. to _____ ft.		
							14 SANITARY: Nearest Source of possible contamination <u>60 feet N</u> Direction <u>SEPTIC</u> type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
							15 PUMP: Manufacturer's Name _____ Model Number _____ HP _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER, ITEM NO. CORRECTED BY: **			17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Lernard Shell Drilling</u> 0404 REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>Springport Mich.</u> Signed <u>M. Leonard</u> Date _____ AUTHORIZED REPRESENTATIVE						

D67d 100M (Rev. 12-68)

WATER WELL RECORD

ACT 294 PA 1365

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

40

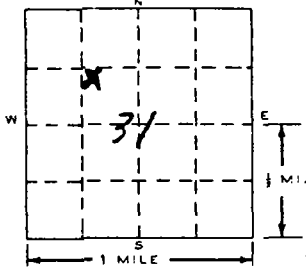
1 LOCATION OF WELL

County Jackson Township Name Parnia Fraction NW 1/4 Sec 31 Section Number 31 Town Number 2 N.S. Range Number 9 E.W.

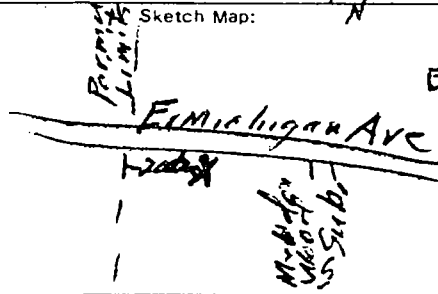
Distance And Direction from Road Intersections

Street address & City of Well Location

Locate with "X" in section below



Sketch Map:



2 FORMATION

THICKNESS
OF
STRATUM

DEPTH TO
BOTTOM OF
STRATUM

Clay	22	22
Lime Rock	53	75
Shale	8	83
Sand Rock	12	95

3 OWNER OF WELL:

Address

John Waters
14147 Springbrook Rd
Jackson Mich

4 WELL DEPTH: (completed) Date of Completion

95 ft. 3-5-70

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐

Height: Above/Below

Diam. Surface 1 ft.

Weight 11 lbs./ft.

Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: NONE Dia.: _____

Slot/Gauze _____ Length _____

Set between _____ ft. and _____ ft.

Fittings: _____

9 STATIC WATER LEVEL

12 ft. below land surface

10 PUMPING LEVEL below land surface

13 ft. after 1 hrs. pumping 20 g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____ Other _____

12 WELL HEAD COMPLETION:

☐ In Approved Pit

☒ Pitless Adapter ☐ 12" Above Grade

13 Well Grouted? ☒ Yes ☐ No

☐ Neat Cement ☒ Bentonite ☐

Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

50 feet South direction Sep. Tank Type

Well disinfected upon completion ☒ Yes ☐ No

15 PUMP:

☐ Not installed

Manufacturer's Name Boulton

Model Number 4F3 HP 3 Volts 220

Length of Drop Pipe 25 ft. capacity 10 G.P.M.

Type: ☒ Submersible

☐ Jet ☐ Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

Drilled by: _____

Checked by: _____

Revised by: _____

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true 1150
to the best of my knowledge and belief.

Washington Well Drilling & Pumping 4495

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address 548 Broadway Ave Jackson, Mich

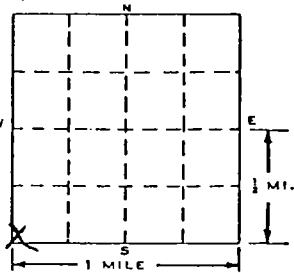
Signed John A. Washington Date 3-5-70

AUTHORIZED REPRESENTATIVE

SEP 07 1972

WATER WELL RECORD
ACT 294 PA 1965MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

42

1 LOCATION OF WELL		County <u>Calhoun</u>		Township Name <u>Albion</u>		Fraction <u>SW 1/4 SW 1/4</u>		Section Number <u>1</u>		Town Number <u>7</u> N.S.		Range Number <u>4</u> E.W.	
Distance And Direction from Road Intersections <u>250 East of Albion</u> <u>29 mi rd on N side of Albion</u> <u>concord rd</u>						3 OWNER OF WELL: <u>Gordon Martin</u> Address <u>Albion</u>							
Street address & City of Well Location Locate with "X" in section below						4 WELL DEPTH: (completed) <u>78</u> ft. Date of Completion <u>July 28, 1972</u>							
Sketch Map: 						5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>							
2 FORMATION						6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>							
THICKNESS OF STRATUM						7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface <u>1</u> ft. Weight <u>11</u> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
DEPTH TO BOTTOM OF STRATUM						8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____							
SANDY CLAY						9 STATIC WATER LEVEL <u>20</u> ft. below land surface							
SOFT SANDROCK						10 PUMPING LEVEL below land surface <u>30</u> ft. after <u>1</u> hrs. pumping <u>30</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.							
MEDIUM HARD SANDROCK						11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____							
						12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade							
						13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From _____ ft. to _____ ft.							
						14 Nearest Source of possible contamination <u>Not installed</u> Type _____ Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No							
						15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name <u>DeCale Pump &</u> Model Number <u>75H72</u> H.P. <u>3/4</u> Volts <u>220</u> Length of Drop Pipe <u>30</u> ft. capacity _____ G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating							
16 Remarks, elevation, source of data, etc. <u>Albion, Mich 84</u> <u>34</u> <u>ADDITION 84</u>						17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Leonard Well Drilling</u> 0404 REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>Springer</u> Signature <u>M. Leonard</u> Date <u>8-5-72</u> AUTHORIZED REPRESENTATIVE							

USE A 2ND SHEET IF NEEDED

WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

43

1 LOCATION OF WELL

County Calhoun Township Name Albion Fraction NE 1/4 Section Number 1 Town Number 3 Range Number 4

Distance And Direction From Road Intersection

1/2 mile south of Cure Road
on west side of 29 1/2 mile Road

3 OWNER OF WELL

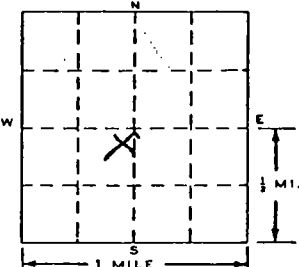
John Passmore
810 Newburg Road
Albion

Street Address & City of Well Location

Address Same As Well Location? ☒ Yes ☐ No

Locate with "X" in Section Below

Sketch Map:



2 FORMATION DESCRIPTION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

Clay sand
Gravel
Sandrock

10
25
45

10
35
80

4 WELL DEPTH (completed)

80 ft.

Date of Completion

6-6-83

5

☐ Cable tool☒ Rotary☐ Driven☐ Dug☐ Hollow rod☐ Auger☐ Jetted☐

6 USE:

☒ Domestic☐ Type I Public☐ Type III Public☐ Irrigation☐ Type IIa Public☐ Heat pump☐ Test Well☐ Type IIb Public☐

7 CASING:

Diameter

☐ Steel☐ Threaded

Height: Above/Below

☒ Plastic☐ WeldedSurface 1 ft.5 in. to 51 ft. depthWeight 1 lbs./ft.5 in. to 51 ft. depthDrive Shoe ☐ Yes

Grouted Drill Hole Diameter

☐ No5 in. to 51 ft. depth5 in. to 51 ft. depth

8 SCREEN:

☐ Not Installed

Type

Diameter

Slot/Gauze

Length

Set between

ft. and

ft.

FITTINGS:

☐ K-Packer☐ Lead Packer☐ Bremer Check☐ Blank above screen

ft.

Other

9 STATIC WATER LEVEL:

11 ft. below land surface☐ Flow

10 PUMPING LEVEL below land surface

20 ft. after 1 hrs. pumping at 30 G.P.M.20 ft. after 1 hrs. pumping at 30 G.P.M.

11 WELL HEAD COMPLETION:

☒ Flare adapter☐ 12" above grade☐ Basement offset☐ Approved pit

12 WELL GROUTED?

☒ No☐ Yes From to ft.☐ Neat cement☐ Bentonite☐ Other

No. of bags of cement

Additives

13 Nearest source of possible contamination

Type SepticDistance 70 ft.Direction W

Well disinfected upon completion?

☐ Yes☐ No

14 PUMP:

☐ Not Installed☐ Pump Installation OnlyManufacturer's name TritModel number 501310HP 1/2Volts 230Length of Drop Pipe 25 ft.capacity 10 G.P.M.

TYPE:

☒ Submersible☐ Jet

PRESSURE TANK:

Manufacturer's name Well-X-TrolModel number 202Capacity 21 Gallons

15. Remarks, elevation, source of data, etc.

16. WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true

to the best of my knowledge and belief

RECEIVED
JUL 11 1983

Leonard Well Drilling 0404
REGISTERED BUSINESS NAME REGISTRATION NO.

Address

Springport

Signed M. LeonardDate 6-11-83

AUTHORIZED REPRESENTATIVE

MICHIGAN DEPARTMENT OF CONSERVATION
GEOLOGICAL SURVEY DIVISION

Permit No.

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Page

1 of 1

Sample No.

Owner No.

WATER WELL RECORD

County Calhoun Twp. Albion Sec. 3 Town 3 Range 4
 Distance from Roads, Section Lines, etc.

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Owner: <u>John Boyd</u>
Drift	77	77	Address: <u>West Erie St., Albion, Michigan</u>
Gray sand rock with layers of			Driller and Address: <u>Chas. Klienfelt</u>
Slate rock	76	153	Well Depth: <u>153</u> ft. Date of Completion <u>Dec. 9, 1965</u>
			<input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> R.C. <input type="checkbox"/> Driven <input type="checkbox"/> Jetted <input type="checkbox"/> Bored
			Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Dewatering <input type="checkbox"/> Test Well <input type="checkbox"/>
			Casing: Diam. <u>3</u> in. to <u>77</u> ft. Depth <u>77</u> ft. Height: Above/Below surface <u>77</u> ft. <u>77</u> in. to <u>77</u> ft. Depth <u>77</u> ft. Type-Weight <u>Galv.</u>
			Screen: Type: <u>none</u> Dia: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft.
			Accessories:
			Water level: <u>35</u> ft. above below <u>LSL</u> _____ ft. above/below _____
			Meas. by <u>Driller</u> Date <u>Dec. 9, 1965</u>
			Drawdown: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.
			Meas. by <u>Driller</u> Date <u>Dec. 9, 1965</u>
			Flow: _____ g.p.m./g.p.h. Temp: _____ °F
			Water Quality in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____
			Elevation: _____ ft. above _____
			Source of data: <u>Driller's record</u>
			Record by: <u>RPB</u> Date: <u>2/8/65</u>

Remarks:

MICHIGAN DEPARTMENT OF CONSERVATION
GEOLOGICAL SURVEY DIVISION

Permit No.

45

Page

1 of 1

Sample No.

Owner No.

WATER WELL RECORD

County Calhoun Twp. Albion Sec. 3 Town 3 R.s. 4 R.W. 4

Distance from Roads, Section Lines, etc.

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Owner:
Drift	82	82	John Boyd
Brown sand rock	20	102	Address: <u>W. Erie St., Albion, Michigan</u>
Black slate	30	132	Driller and Address: <u>Ben Musser</u>
Sand rock	20	152	Well Depth: <u>152</u> ft. Date of Completion <u>May 18, 1944</u>
			<input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> R.C.
			<input type="checkbox"/> Driven <input type="checkbox"/> Jetted <input type="checkbox"/> Bored
			Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry
			<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Dewatering
			<input type="checkbox"/> Test Well <input type="checkbox"/> _____
			Casing: Diam. <u>3</u> in. to <u>82</u> ft. Depth <u>surface</u> ft.
			Type-Weight <u>Galv.</u>
			Screen: Type: <u>none</u> Dia: _____
			Slot/Gauze _____ Length _____
			Set between _____ ft. and _____ ft.
			Accessories: _____
			Water level: <u>10</u> ft. xxx /below <u>LSL</u>
			_____ ft. above/below _____
			Meas. by <u>Driller</u> Date <u>May 18, 1944</u>
			Drawdown: _____ ft. after _____ hrs. pumping _____ g.p.m.
			_____ ft. after _____ hrs. pumping _____ g.p.m.
			Meas. by <u>Driller</u> Date <u>May 18, 1944</u>
			Flow: _____ g.p.m./g.p.h. Temp: _____ °F
			Water Quality in Parts Per Million:
			Iron (Fe) _____ Chlorides (Cl) _____
			Hardness _____
			Elevation: _____ ft. above _____
			Source of data: <u>Driller's record</u>
			Record by: <u>RPB</u> Date: <u>2/8/65</u>

Remarks:

MICHIGAN DEPARTMENT OF CONSERVATION
GEOLOGICAL SURVEY DIVISION

Permit No.

46

Owner No.

WATER WELL RECORD

Page _____ of _____
 Sample No. _____
 County Calhoun Twp. Albion Sec. 3 Range 2S N/S. 4W E/W. 4
 Distance from Roads, Section Lines, etc.
Albion, Michigan

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Owner:
Drift	33'	33'	Albion Malleable Iron Company
Yellow sand rock	24'	57'	Address:
White sand rock	10'	67'	Driller and Address:
			A. Sanford
			Well Depth: _____ ft. Date of Completion
			67' Feb. 22, 1943
			<input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> R.C.
			<input type="checkbox"/> Driven <input type="checkbox"/> Jetted <input type="checkbox"/> Bored
			Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry
			<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Dewatering
			<input type="checkbox"/> Test Well <input type="checkbox"/> _____
			Casing: Diam. _____ in. to _____ ft. Depth
			Height: Above/Below surface _____ ft.
			Type-Weight _____
			Screens:
			Type: _____ Dia: _____
			Slot/Gauze _____ Length _____
			Set between _____ ft. and _____ ft.
			Accessories:
			Water level:
			70 ft. above/below _____
			_____ ft. above/below _____
			Meas. by _____ Date
			Driller 2/43
			Drawdown:
			_____ ft. after _____ hrs. pumping _____ g.p.m.
			_____ ft. after _____ hrs. pumping _____ g.p.m.
			Meas. by _____ Date
			Flow:
			heavy g.p.m./g.p.h. Temp: _____ °F
			Water Quality in Parts Per Million:
			Iron (Fe) _____ Chlorides (Cl) _____
			Hardness _____
			Elevation:
			_____ ft. above
			Source of data:
			Driller
			Record by:
			lmt Date: 10/24/66

Remarks:

FEB 26 1981

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

47

1 LOCATION OF WELL

County Calhoun	Township Name Albion	Fraction SE 1/4 SE 1/4 SE 1/4	Section Number 10-2	Town Number 3-15 S.	Range Number 4 E.W.
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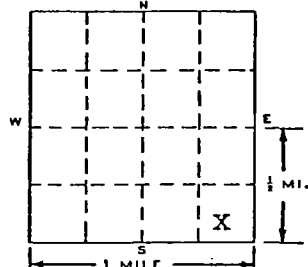
Distance And Direction from Road Intersections

2/10 Mi. ~~E~~ of 30 Mi. on D Dr S. - N. Side

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



3 OWNER OF WELL:

Address
John Grundeman
29787 E. Erie
Albion, Mi. 49224

4 WELL DEPTH: (completed) Date of Completion

110 ft. **9/80**

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐ Height: Above/Below
Diam. Surface **1** ft.

4 in. to **51** ft. Depth Weight **11** lbs./ft.
in. to ft. Depth Drive Shoe? Yes ☒ No ☐

8 SCREEN: **NONE**

Type: Dia.:
Slot/Gauze Length
Set between ft. and ft.
Fittings:

9 STATIC WATER LEVEL

61 ft. below land surface

10 PUMPING LEVEL below land surface

ft. after hrs. pumping g.p.m.
AIR TEST
ft. after hrs. pumping g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) Chlorides (Cl)
Hardness Other

12 WELL HEAD COMPLETION: ☐ In Approved Pit
☐ Pitless Adapter ☒ 12" Above Grade

13 Well Grouted? ☒ Yes ☐ No
☐ Neat Cement ☐ Bentonite ☐ Drill fluid to
Depth: From ft. to ft. G.L.

14 Nearest Source of possible contamination

75 feet **SE** Direction **S.T.** Type
Well disinfected upon completion ☐ Yes ☐ No

15 PUMP: **OTHERS** ☐ Not installed

Manufacturer's Name
Model Number HP Volts
Length of Drop Pipe ft. capacity G.P.M.
Type: ☐ Submersible ☐ Jet ☐ Reciprocating

ADDED INFO BY DRILLER, ITEM NO.

*CORRECTED BY

**ADDITION BY

ELEVATION

DEPTH TO ROCK

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

RECEIVED
FEB 20 1981

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true
to the best of my knowledge and belief.

Chas. H. Kleinielt & Son 0107

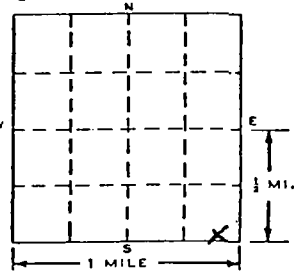
REQUESTED BUSINESS NAME

REGISTRATION NO.

Address **Charlotte, Mi. 48813**Signed *Chas. H. Kleinielt*
AUTHORIZED REPRESENTATIVEDate **9/17/80**

DEC 03 1974

WATER WELL RECORD
ACT 294 PA 1965MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH 48

1 LOCATION OF WELL		Fraction		Section Number	Town Number	Range Number
County	Township Name	SE SE SE 1/4		12	3 N.S.	4 E.W.
Distance And Direction from Road Intersections 2001 west of 30 mile road on north side of D. St. & S.		3 OWNER OF WELL: Mark Comfort 29993 D. St. & S. Albion				
Street address & City of Well Location		4 WELL DEPTH: (completed) Date of Completion 95 ft. 11-18-74				
Locate with "X" in section below		5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>				
Sketch Map: 		6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>				
2 FORMATION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Surface <input checked="" type="checkbox"/> Below 4 in. to 41 ft. Depth Weight 11 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sand		28		28		8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____
Sand rock		47		?		9 STATIC WATER LEVEL 60 ft. below land surface
						10 PUMPING LEVEL below land surface 70 ft. after 2 hrs. pumping 20 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.
						11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____
						12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade
						13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.
						14 Nearest Source of possible contamination 55 feet SE Direction septic Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						15 PUMP: <input checked="" type="checkbox"/> Not installed Manufacturer's Name _____ Model Number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating
16 Remarks, elevation, source of data, etc.		17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. REGISTERED BUSINESS NAME: Leonard Well Drilling, 0404 Address: Springport Signed: M. Leonard Date: 11-20-74 AUTHORIZED REPRESENTATIVE				

USE A 2ND SHEET IF NEEDED

APPROVED BY: D. HILL, ITEM #11
 COMPLETED BY: T. T.
 VERIFICATION BY:
 DATE: 11-20-74

FEB 07 1974

WATER WELL RECORD

ACT 294

PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

50

1 LOCATION OF WELL

County Calhoun Township Name Albion Fraction SW 1/4 Section Number 12 Town Number 13 N.S. Range Number 4 E.W.

Distance And Direction from Road Intersections

6 miles south of B Dr south
on east side of 29 mile road

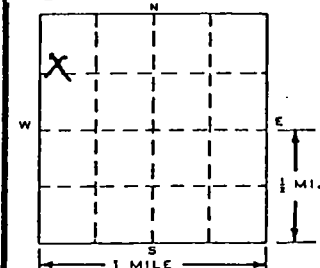
3 CORNER OF WELL

1045 Maple
Albion

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



4 WELL DEPTH: (completed) Date of Completion

100 ft. 1-31-74

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐

Diam. 4 in. to 37 ft. Depth
Height: Above/Below
Surface 7 ft.
Weight 77 lbs./ft.
Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: _____ Dia.: _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings: _____

9 STATIC WATER LEVEL

45 ft. below land surface

10 PUMPING LEVEL below land surface

55 ft. after 2 hrs. pumping 30 g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit
☒ Pitless Adapter ☐ 12" Above Grade

13 Well Grouted? ☐ Yes ☒ No
☐ Neat Cement ☐ Bentonite ☐

Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

40 feet SE Direction septe Type
Well disinfected upon completion ☒ Yes ☐ No

15 PUMP:

☒ Not installed

Manufacturer's Name _____

Model Number _____ HP _____ Volts _____

Length of Drop Pipe _____ ft. capacity _____ G.P.M.

Type: ☐ Submersible

☐ Jet ☐ Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM NO.

*CORRECTED BY

**ADDITION BY

ELEVATION

DEPTH TO ROCK

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Leonard H. Driller 0404
REGISTERED BUSINESS NAME REGISTRATION NO.

Address

Springport

Signed

M. Leonard Date 2-2-74

AUTHORIZED REPRESENTATIVE